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COVER LETTER

Division of C	Corporations		
	Builders Co., LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Nicholas Holland		
		Name of Person	
	Holland Builders Co., LLC		
		Firm/Company	
	134 Clear Lake Circle		
		Address	
	Sanford/FI /32773		
		City/State and Zip Code	
	nick@hollandbuildersco.co E-mail address: (m to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	
Nicholas Holland		352 602-3924 at ()	
Narr	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
	f Corporations	Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil			
(A Fioria	lity Company as it now appears on la Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability O	Company were filed on Septem	iber 29, 2021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
		*** * *	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	•	, Florida Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Micheal Holland	19049 Lake Swatara Drive, Eustis FL, 32736	= Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becurrent's effective date on the Γ	ist be specific and cannot be polock does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing.) g requirements, this date v	Pursuant to 605.020 vill not be listed as
record specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.m. (on the earlier of: (b) The	90th day after the
June 17	2024			
	· · · · · · · · · · · · · · · · · · ·	 •		
und for	etan			
ung for	Signature of a member or	authorized representative	of a member	

Filing Fee: \$25.00