L21000497511

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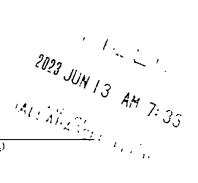
EO: Registration S Division of Co				
LIFE & BU	USINESS USA, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ANGELA F. MACK			
		Name of Person		
	TAX ACCOUNTING & F	INANCIAL SPECIALISTS, LE	C	
	Firm/Company			
	2295 S. HIAWASSEE RD	STE 407F		
		Address		
	ORLANDO, FL 32835			
		City/State and Zip Code		
	911@CREATRIXOFFICE:			
	E-mail address: (to be used for future annual report a	otification)	
For further information of	concerning this matter, please c	all:		
ANGELA F. MACK		407 710 0808 at ()		
Name o	of Person	Area Code Dayi	time Telephone Number	
Enclosed is a check for t	he 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)	
Mailing Addres		Street Address:		
Registration Division of C		Registration S Division of C		
D O Day 622		The Contract		

P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIFE & BUSINESS USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{11/18}{1}$	/2021	and assigned
Florida document number L21000497511			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
BUILDER WORLD GROUP, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
			
B. If amending the registered agent and/or registered office a	address on our reco	ords, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	_		
	Emer Florida	street address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and Lam opter 605, F.S. Or	familiar with and , if this document is
If Chai	nging Registered Agent.	. Signature of New Ri	egistered Agent

DocuSign Envelope ID: FB442DD3-8CAF-4527-8453-6D04196C49BE 11 amenting 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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	01/01/2023			
	ate of filing: e specific and cannot be prior.	to date of filing or more than	(optional) 90 days after filing.) Pursuant to	605.0207
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iote: If the date inserted in this bloc ocument's effective date on the Dep record specifies a delayed effective o	k does not meet the applict artment of State's records.			
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tote: If the date inserted in this blococument's effective date on the Department's effective date on the Department's delayed effective of the filed. JUNE 02	k does not meet the applict artment of State's records. date, but not an effective tire 2023	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day	

Filing Fee: \$25.00