## K21000506191

| (Red                      | questor's Name)   | _           |
|---------------------------|-------------------|-------------|
|                           |                   |             |
| (Add                      | dress)            |             |
| (Add                      | iress)            |             |
| (Čity                     | //State/Zip/Phon  | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           | ·—————            |             |

Office Use Only



500380325665

01/25/22--01025--005 \*\*60.00



A. BUTLER FEB - 3 2022

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: MB BUILDING & DECKY Name of Limited Liab  | DMENT LLC. Dility Company  |
| Dear Sir or Madam:   |  |
| The enclosed Statement of Correction and fee(s) are submitted for filin                            | g.   |
| Please return all correspondence concerning this matter to the following                           | g:   |
| Marion Rodrigues Name of Person  | _  |
| M3 Buildings Development U   | C .  |
| 2711 NE 11th Ave   | _  |
| OMPANO BEACH FL 3200A City/State and Zip Code  | _  |
| PBOUIDING CENTERO AMUI. COM<br>E-mail address: (to be used for future annual report notification)  | _  |
| For further information concerning this matter, please call:                                       |  |
| Rebeken Simunoff at FA Name of Person Area Code  | Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount:  |  |
| □\$25 Filing Fee □ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status Certified Copy       | \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy  |

CR2E062 (9/15)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M3 Building & DCK   | Ploment LC  | our records.)                              |
|---|---|--|
| (A Florid   | la Limited Liability Company)   | ~,-  |
| The Articles of Organization for this Limited Liability of Florida document number <u>L2\CCCGCQ</u>       | Company were filed on \( \frac{\text{VU}}{\text{L}} \).   | 29 <sub>121</sub> and assigned             |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the lin  | nited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lir   | mited Liability Company," the design  | ation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADD  | RESS)   |  |
|   | <del></del>   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   |  |
|   |   |  |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: |   | ds, enter the name of the new registered   |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   | ·  |
|   | thable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  s address, if applicable:  UST BE A STREET ADDRESS)  s, if applicable:  A POST OFFICE BOX)  cred agent and/or registered office address on our records, enter the name of the new registered stered office address here:  cistered Agent:  ffice Address:  Enter Florida street address |  |
|   | ···   | , Florida                                  |
|   | City  | Zip Code                                   |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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>      | <u>Address</u>             | Type of Action        |
|--------------|------------------|----------------------------|-----------------------|
| MGR          | Marlon Rodingues | 2711 WE 11th Ave Removanos | 20UN FL33066<br>  add |
|              |                  |                            | Remove                |
|              |                  | MGR TO CEO                 | [Mange                |
|              | <del></del>      |                            | □ Add                 |
|              |                  | <del></del>                | Remove                |
|              |                  |                            | Change                |
|              |                  |                            | □Add                  |
|              |                  |                            | □Remove               |
|              |                  |                            | □Change               |
|              |                  |                            | □Add                  |
|              |                  |                            | □Remove               |
|              |                  |                            | □Change               |
|              |                  |                            | □Add                  |
|              |                  |                            | Remove                |
|              |                  |                            | ☐ Change              |
|              | <del></del>      |                            | 🗆 Add                 |
|              |                  |                            | □ Remove              |
|              |                  |                            | []Chango              |

| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  |                                |  |  |                                    |                                       |                  |                  |                   |               |
|--|--------------------------------|--|--|------------------------------------|---------------------------------------|------------------|------------------|-------------------|---------------|
| ective date, if other than the date of filing:   |                                |  | <del></del>                            |                                    | ···········                           |                  |                  |                   |               |
| ective date, if other than the date of filing:   | <del></del>                    | <u> </u>   |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                | ·····  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   | <del></del>   |
| ective date, if other than the date of filing:   |                                |  | ·                                      | <del></del>                        |                                       |                  |                  |                   | <del></del>   |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   |                                | <del></del>  | <del></del> .                          |                                    |                                       |                  |                  | <del></del>       | <del></del>   |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       | ·. ·.            |                  |                   | <del></del>   |
| ective date, if other than the date of filing:   | <del> </del>                   |  |  |                                    |                                       | <del></del>      |                  | W 197 to - 1-1    |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| ective date, if other than the date of filing:   | -                              |  | ······································ |                                    |                                       |                  |                  |                   | <del></del>   |
| ective date, if other than the date of filing:   | <del></del>                    |  |  |                                    |                                       |                  |                  | <del></del>       |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    | ····                                  | ·                |                  | <del></del>       |               |
| ective date, if other than the date of filing:   |                                |  |  |                                    |                                       |                  |                  |                   |               |
| reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 degrees. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.  ed 0/-/4- , 2022 .  Signature of a member or authorized representative of a member |                                |  |  |                                    |                                       |                  |                  |                   |               |
| reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.  ed 0/-/4- , 2022 .  Signature of a member or authorized representative of a member      | <del></del>                    |  | **                                     | <del></del>                        |                                       | -                |                  |                   | <del></del>   |
| reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 degrees. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.  ed 0/-/4- , 2022 .  Signature of a member or authorized representative of a member |                                |  |  |                                    | · · · · · · · · · · · · · · · · · · · |                  |                  |                   | <del></del> - |
| reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 degrees. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.  ed 0/-/4- , 2022 .  Signature of a member or authorized representative of a member |                                |  |  |                                    |                                       |                  |                  |                   |               |
| s filed.  ed   | effective dat<br>te: If the da | e is listed, the date mu<br>ite inserted in this b | st be specific a<br>lock does no       | and cannot be pr<br>t meet the app | rior to date of fi<br>dicable statut  |                  | an 90 days after | filing.) Pursuant |               |
| Signature of a member or authorized representative of a member   |                                | es a delayed effectiv                              | ve date, but n                         | ot an effectiv                     | e time, at 12:0                       | 01 a.m. on the   | e carlier of: (b | ) The 90th day    | y after the   |
|  | ed <u>0/-</u>                  | -14-   |  | , <u>202</u>                       | 2                                     |                  |                  |                   |               |
|  |                                | m  |  | <b>/</b>                           |                                       |                  |                  |                   |               |
| $Q = I_{ab} + ac$  |                                | · · · · · · · · · · · · · · · · · · ·              | Signature of                           | a member or a                      | thorized repre                        | sentative of a r | nember           |                   | <del></del>   |
|  |                                |  | 01                                     |                                    |                                       |                  |                  |                   |               |