L21000507919

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	2 #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400377431724

5:01-17 | 7 | aut 1:11

Manu Ch8

DEC 2 0 2021

I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 288745, 836116

AUTHORIZATION :

COST LIMIT : \(\hat{\frac{5}{2}} \hat{25} \tag{20}

ORDER DATE : December 8, 2021

ORDER TIME : 10:06 AM

ORDER NO. : 288745-001

CUSTOMER NO: 8361163

DOMESTIC AMENDMENT FILING

NAME: GEORGIA BUILDERS, LLC

EFFECTIVE DATE:

XX____ ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
GEORGIA	BUILDERS, LLC		
SUBJECT:		nited Liability Company	
The englosed Articles of	Amendment and fee(s) are sui	amittad for filing	
		_	
Please return all correspo	ondence concerning this matter	_	
	Jei	Name of Person	·
	Geo	rgi A BailDer	<u> </u>
	1951 F	eathers crt.	
	JACKSUM	City/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code	7246
	940.	City/State and Zip Code	is a love.
	E-mail address: (to be used for future annual reserve non	fication)
For further information c	oncerning this matter, please c		, ,
Tech	11.		A. 2. 1.
JUT-1	HANCOCK	at (22 4) 221 Area Code Daytim	-5104
Name o	renson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, F			c Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEORGIA BUILDERS, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)
The Articles of Organization for this Limited Liability Company with Florida document number L21000507919		and assigned
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the limited liabili	ity company here:	
GEORGIA BUILDERS SOUTH, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JEFF HAR 9951 FRA JACKENNIY	thers ct. e FL. 32246
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PALO GA.	gers RA. 31778
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties ovided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Add
			□Remove
 			
			□Remove
			Change
			
			□Remove
			Change
<u> </u>			DAdd
			□Remove
			Change

i ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
an effe	ve date, if other than the date of filing:
record is file	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
ated_	12-15- , 2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00