9/1/22, 8:53 AM

Division of Corporations

Page 1 of 4

Florida Department of State Division of Confident tons

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000299959 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120118008059 Phone : (954)567-0013 Fax Number : (954)567 3401

ö

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

. SF.:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENTEGRITY BUILDERS LLC

CANADA CONTRACTOR OF THE SECOND SECON	000 000 000 000 000 000 000 000 000 00
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

NO.440 #002 H22000299959 3 Page 2of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Builders LLC		
(Name of the Limited Limited Con (A Florida Limite	apany as It now appear ed Liability Company)	s on our reeneds.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	January 27, 2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	shility Company," the de	esignation "LLC" or th	e ubhreviation "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 offic agent and/or the new registered office address here:	ce address on our re	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		 .	高計 1 25 3
New Registered Office Address:	Enter Flor	ula street address Flori d a	LED LED
	Crty		Zip We

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

HO.440 #803 H22000299959 3 Page 3 of 4

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	Rassmussen Murillo	1027 SE 27th Street	[]^dd
		Capel Coral, FL 33904	■Remove
AMBR	William Mora	816 SW 28th Terrace	
		Cape Cord, F1, 33914	□ Remove
			□Change
		<u>.</u>	Remove
			Change
		· 	
			□ Removc
			i !Change
			DAdd
		· ·	
		 -	□Change
	·.		□Add
			□Chango

· ·			
	. <u></u>		
		,. <u></u>	
		<u> </u>	
			page on a strong representative and a separate and separa
	<u> </u>		The second state and the second secon
			(untingul)
Tective date, if other than the date of the date is listed, the date inust be often if the date inserted in this block nonment's effective date on the Department's effective date on the Department.	COCS NOT THE COLOR APPROPRIE	of filing or more than 90 de ortatory fifing requiremen	ys after filing.) Pursuant to 005.0 its, this date will not be lister
record specifies a delayed effective da lis filed.	te, but not an effective time, at	12:01 a.m. on the eurlie	of: (b) The 90th day after
1 8/31/22			
21ed 8/31/22	10		
1 Hace	millie of a member or authorized	representative of a member	2

Filing Fee: \$25.00