Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H23000268069 3)))



H230002680693ABC3

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 : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: <u>INFO@ACTIVATEMYLICENSE.COM</u>

DEPARTMENT OF STATES INTO STATES INTO STATES IN 10: 16

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JASPER CUSTOM HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

123 AUG - 2 PM 6: 6

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 0 2 2023 K. Brumbley

COVER LETTER

H23000268069 3

TO: Registration S Division of Co			
SUBJECT: JASPEI	R CUSTOM HOMES LL	.C	
	Name of Lin	nited Liability Company	
The analoged Articles of	Normalisant on Leaving and a		
	Amendment and fee(s) are sub	-	
r lease feturi all correspo	ondence concerning this matter	to the following:	
	AMANDA JOHNS		
		Name of Person	
CONTRACTORS REPORTING SERVICE INC			
		Firm/Company	
	13795 N NEBRASKA AVE		
		Address	
	TAMPA, FL 33613		
		City/State and Zip Code	
	info@activatemylice E-mail address: (nse.com to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	·	
AMANDA JOHNS		813 932-5244	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fce	S30.00 Filing Fee & Certificate of Status	□ 555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000268069 3

JASPER CUSTOM HOMES LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)		
(70 February Liabil)	cy Company)		
The Articles of Organization for this Limited Liability Company were	filed on 3/3/2023	and assi	igned
Florida document number L22000111083			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
ASHBUILT CONSTRUCTION LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.I	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 addre	ss on our records, <u>enter the na</u>	ame of the new	registered
agent and/or the new registered office address here:		20	
		23 A	
Name of New Registered Agent:		AUG AUG	<u> </u>
New Registered Office Address:		<u>%</u> -2	르스를
	Enter Florida street address	PH.	100 Y
	Florida _	型の 6	
	ity -	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.

From: AMANDA JOHNS

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 5 of 6

08/02/2023 1:28 AM

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

H23000268069 3

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			DChange
			🖸 \\ dd
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change

H23000268069 3

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	
Note: If the c	te, if other than the date of filing:
the record speci cord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	AUGUST 1 . 2023 . Docusigned by SEE TO ACCUSED TO ACCUSED THE SEE TO ACCUSED THE SEC TO
	AUGUST 1 2023 Docusioned by JUSAN USH ECEE300403D5434
	Signature of a member or authorized representative of a member
	JASON ASH

Typed or printed name of signee