422000140786

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900391438229

07/25/22--01027--005 *# 25.00

2022 JUL 25 AM 9: 40

COVER LETTER

TO:

	gistration Se vision of Cor		,	
eud leæt.	BuildU, LI.	C	,	•
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Cynthia Lachance (Au	thorized Manager)	
			Name of Person	······································
		BuildU, LLC		
		•	Firm/Company	
		329 Misty Oaks Run		
			Address	
		Casselberry, FL 32707		
		***************************************	City/State and Zip Code	
		cynthia.randyexplains@gm		
		E-mail address: (to be used for future annual report not	iffication)
For further i	information c	oncerning this matter, please ca	all:	
Cynthia Lac	chance		407 756-9879 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$ 25.00	Filing Fec	☐ \$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)
	ailing Addres		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations			Division of Co	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Company as it now appears on our records.); ::

FILED

BuildU, LLC

2022 JUL 25 AM 9: 40

(A Flo	rida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Florida document number <u>L22000160786</u>	Company were filed on April 4, 2022	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "I	.imited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	<u>DRESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street ac	diress
		, Florida
		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 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
MGR	Scott Saghirian	326 Bayberry Creek Circle, Mooresville, NC 28117	= Add
			🗆 Remove
			Change
			🗆 🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			UAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee