

L22000368282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

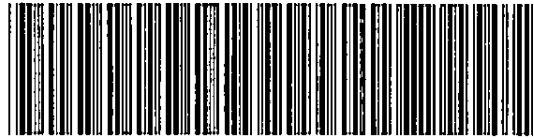
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 JAN 10 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FL

VH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2022

KIM NGUYEN
BUILDERS SOLUTIONS, LLC
P.O. BOX 360-813
MILPITAS, CA 95036

SUBJECT: BUILDERS SOLUTIONS, LLC
Ref. Number: L22000368282

We have received your document for BUILDERS SOLUTIONS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office: please complete the attached application/form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 322A00027958

2022 JAN 10 AM 10:13

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BUILDERS SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NGUYEN, KIM N

Name of Person

BUILDERS SOLUTIONS LLC

Firm/Company

1645 CEDRUS LN

Address

PENSACOLA, FL 32514

City/State and Zip Code

builderssolutions18@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NGUYEN, KIM N

408 839-3857

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

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**

BUILDERS SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2023 JAN 10 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/22/2022 and assigned
Florida document number L22000368282.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

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 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>	<u>Type of Action</u>
AMBR	NGUYEN, RICHARD	P.O.BOX 360-813, Milpitas, CA 95036	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NGUYEN, NATHALIE K	P.O.BOX 360-813, Milpitas, CA 95036	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CAO, VINH V	1743 CEDRUS LN, PENSACOLA, FL 32514	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRUONG, DAVID	1740 GLADIOLAS DR, WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NGUYEN, KIM N	P.O.BOX 360-813, Milpitas, CA 95036	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Business Ownership:

List below the business owners and the percentage of ownership for each:

Name of Owner: Address: Social Security #/ FEID: % of ownership

1/ AMBR, Nguyen Kim N

* Address: P.O.BOX 360-813, Milpitas, CA 95036

* Social Security #/ FEID: 88-3906395

* % of ownership: 80%

2/ Registered Agent, Tran Dai

* Address: 1645 Cedrus Ln, Pensacola, FL 32514

* Social Security # 355-68-0641

* % of ownership: 10%

3/ MGR, Truong David

* Address: 1740 GLADIOLAS DR, WINTER PARK, FL 32792

* Social Security # 772-44-9991

* % of ownership: 10%

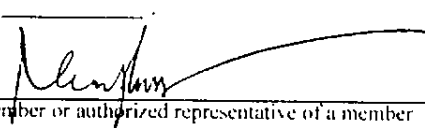
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 30, 2022



Signature of a member or authorized representative of a member

NGUYEN, KIM N

Typed or printed name of signee

Filing Fee: \$25.00