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SECRETARY OF STATE

COVER LETTER

TO:

TO: R	tegistration S Division of Co	ection orporations					
SUBJECT	ADVANC	ED BUILDING COMPANY	OF NORTH FLORIDA, L.L.C.				
JOINEC	· ·	Name of Li	mited Liability Company		_		
The enclos	sed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please retu	irn all corresp	ondence concerning this matte	r to the following:				
		HEATHER D HARLEY-	DAVIDSON				
			Name of Person				
			Firm/Company				
		284 OLE ROAD					
			Address		_ ച ញ្ញ	202	
		ST AUGUSTINE. FL 320	080		JAET,	2022 SEP 12	•
		HEATHERHARLEYDAV	City/State and Zip Code IDSON11@GMAIL.COM		NASSAH DARK	12	9
For further	information c	E-mail address: oncerning this matter, please c	(to be used for future annual report notific	ation)	- 135 14.33 14.53	AH 11: 24	
		-DAVIDSON	904 209-8376		in	2 4	
	Name o	f Person		Felephone Numb	ber		
Enclosed is	a check for th	ne following amount:					
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Statu ed Copy nal copy is encl		
Re	ailing Address	Section	<u>Street Address:</u> Registration Secti				
	vision of Co O. Box 632		Division of Corpo The Centre of Tal	orations			
	llahassee, F		2415 N. Monroe S		810		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED BUILDING COMPANY OF NO		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on AUGUST 24TH 2022	and assigned
Florida document number L22000373057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	SS)	
P		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
D. If amonding the position of the second		1887 1888
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	flice address on our records, <u>enter the na</u>	me of the new register
The second secon	,	SS 0 1
Name of New Registered Agent:	.,	To E III
	-	M N
New Registered Office Address:	Enter Florida street address	
 -	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HEATHER D HARLEY-DAVIDSON	284 OLE ROAD	□Add
		ST AUGUSTINE, FL 32080	□Remove
			■Change
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fective date, if other than the dat an effective date is listed, the date must be ote: If the date inserted in this block beament's effective date on the Depar	specific and cannot be prior to date of fi does not meet the applicable statut	iling or more than 90 days aft	tional) for filing.) Pursuant to 60 his date will not be lis	05.0201 sted as
record specifies a delayed effective da	te, but not an effective time, at 12:	01 a.m. on the earlier of:	(b) The 90th day aft	er the
SEPTEMBER 7TH	2022			

Filing Fee: \$25.00