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Office Use Only



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RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/16/22

NAME: DZP GROUP BUILDERS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLED

DZP group buliders llc

2022 NOV 16 PM 12: 08

| D22 group bunders ne | | |
|--|---|---------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | ny as it now appears on our records.) iability Company) | TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number L22000472336 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| DZP Group Builders LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the designation "LLC" or | the abbreviation "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 office at | ddress on our records, <u>enter the</u> | name of the new registe |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| The state of the s | | |
| | | |
| New Registered Office Address: | P-4 Pl 2 44 | |
| New Registered Office Address: | Enter Florida street address | |
| New Registered Office Address: | Finter Florida street address, Florid | la |

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> | Address | Type of Action |
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Filing Fee: \$25.00