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(Address)					
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(City/State/Zip/Phone #)					
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(Document Number)					
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J. HORNE AUG 15 2023					

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NUG 15 AM 9: FOR AUG 15 AM 8:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Encart Builders 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:
Decel Turnsplenty Name of Person
Eminent Builders LLC Firm/Company
3666 NW Hurtsburg St Apt 107
Decele asks @ anal. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Occele Turns plenty at (386) 466 4059 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
(additional copy is enclosed) 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 FILED

OF

$\epsilon \sim cat R$	1) 11		AUG 15 AH 9:	10
(Name of the Limited	iability Company as lorida Limited Liabili	it now appears/or y Company)	Autrocotavil STA	TË IDA
The Articles of Organization for this Limited Liab	lity Company were	filed on		•
lorida document number <u> </u>	 ,			
his amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability o	ompany here:		
he new name must be distinguishable and contain the word	"Limited Liability Co	mpany," the design	nation "LLC" or the al	breviation "L.L.C."
inter new principal offices address, if applicable	e:	_		
<u>Principal office address MUST BE A STREET A</u>	DDRESS)			·
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	X) —			
s. If amending the registered agent and/or regi		ss on our recoi	ds, enter the nam	e of the new regi
gent and/or the new registered office address h				
gent and/or the new registered office address h Name of New Registered Agent:				
Name of New Registered Agent:		Enter Florida s	treet address	

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
<u>am B</u> R	Derek Turnsplanty	3666 NW Hunts bore St	Wadd
		3666 NW Hunts boile St Lake City F/ 32055	ZIRemove
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Fffective	date if other than the date of filing.	anul)
<u>Note:</u> If t	e date, if other than the date of filing:	orthing.) Pursuant to 605,0207 (1 s date will not be listed as th
he record sp ord is filed.	specities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b l.	n) The 90th day after the
Dated	8.15.23 Signature of a member of authorized representative of a member	
	K/=2	
	Signature of a member or authorized representative of a member Derok Turns Den H Typed or printed name of signee	

. .

Filing Fee: \$25.00