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(R	equestor's Name)	
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COVER LETTER

TO: Registration Division of C			**					
	Builds LLC							
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing						
	pondence concerning this matter	_						
	Diego Caro							
	***	Name of Person		20 S				
	New Era Builds LLC			23 P				
		Firm/Company		2023 DEC 14 PH W 3				
	265 Olmstead Rd			また。				
		Address		部、				
	D'	1.0010)		1100 + W				
	Pierson, FL 32180	0: 10 17: 0 1	· 	- m				
•	de Toro bis MC (DC)	City/State and Zip Code New Eva builds 38600	~ (in	2				
·	E-mail address: (to be used for future annual report notif	(cation)	•				
For further information	concerning this matter, please c	all:						
Diego Caro		386 717-3205						
Name	e of Person	at () Area Code Daytime	Telephone Number					
Enclosed is a check for	r the following amount:							
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &				
Mailing Addi Registration		Street Address: Registration Section						
Division of	Corporations	Division of Corp	porations					
P.O. Box 6	327	The Centre of T	allahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Era Builds LLC

(<u>Name of the Limited L</u> (A F	Liability Company as it now appears on our record. Florida Limited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liabil Florida document number L23000083172	and assigned			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regisagent and/or the new registered office address have a like the second of the second office address have a like the second of the second office address have a like the second of	stered office address on our records, enter	37		
		orida		
-	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change	gent and agree to act in this capacity. I fu and complete performance of my duties, ar red agent as provided for in Chapter 605, istered office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is		

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>	Type of Action
AMBR	Jose L Caro Jr	265 Olmstead Rd, Pierson,FL 32180	□Add
			Remove
			□Change
			□Add
			□Remove
			Change SECRET
			AHARY OBemove. 7
			Changer Add Add Remove
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Filing Fee: \$25.00