## L23 000 140 353

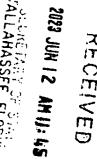
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Aimes Buil	ding Source LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David J MacFarlane		
		Name of Person	<del> </del>
	Aimes Building Source		
		Firm/Company	
	20229 US 301		2023 JUN 12
		Address	
	Dade City FL 33523		
		City/State and Zip Code	
	Djm@keensbuildings.com		<u> </u>
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)	
David J MacFarlane		727 6872057	
Name of Person		at () Area Code Daytime Telepho	ne Number
Enclosed is a check for the	ne 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 Addres		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporation	ns
P.O. Box 632		The Centre of Tallahas	
Tallahassee, l	「L 32314	2415 N. Monroe Street	, suite a to

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)	1
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000140353</u>	npany were filed on March 20 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		32 3
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		. 72
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		45
s. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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	David J MacFarlane	32323 Fish Hook Loop Wesley Chapel, FL 33545	□ Add
			□Remove
			Change
			□Add
			□Remove
			702 PAdd
			BAdd  □Remove
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
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			□Remove
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reffective date is listed, te: If the date inserte		fic and cannot be price not meet the apple	or to date of filing or icable statutory fil		tional) er filing.) Pursuant to 60 nis date will not be lis	
cord specifies a dela s filed.	yed effective date, bi	not an effective	time, at 12:01 a.m	n, on the earlier of: (	(b) The 90th day aft	ter the
	12th	2023	<u>S</u> .			
ed June	10					
ted June	7	of a member or aut				