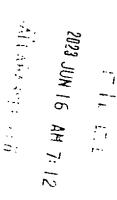
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CDB PRO BUIL	LDERS LLC
Name of Limited Liabi	lity Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the following	llowing:
<u>Carlos</u> I	Davalos JR une of Person
CDB PRO	BUILDETIS LLC
665 SW 5	Address
	FLORIDA 33034  ate and Zip Code  (S @ 9 mail: COm for future annual report notification)
For further information concerning this matter, please call: $ \begin{array}{c c}  & & \\  $	1,305, 975-6298
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	5.00 Filing Fee &  Sectified Copy  Iditional copy is enclosed)  Sectified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

10					
ARTICLES OF ORGANIZATION		•	I	_	
OF	2022				

	PULL SERS 11 C 2023 JUN 16 AM 7: 12
CDB PRO	BULDERS LLC  ed Liability Company as it now appears on our records.) ASSI
(Name of the Limit	ed Liability Company as it now appears on our records.) A SSI
	/// / a s 2.2
The Articles of Organization for this Limited Li	ability Company were filed on $\frac{4/11/2023}{2000}$ and assigned
Florida document number <u>L 23 00</u>	0180409
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
R If amonding the registered equation of few	
agent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Carlos Davalos JR
New Registered Office Address:	665 SW 5 ST.  Enter Florida street address  FLORIDA CITY, Florida 33034
	Tel 2012 A con-
	FLORINA CITY, Florida 33034  Zip Code
Non-Doubletonal Annual Classes in the Pro-	

## 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.

Hehanging 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>	Name	Address	Type of Action
CEO	Carlos, Davidos JR.	665 SW 5 ST. Florida City, FL 33034	
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	Signature of a memb	per or authorized represent	ative of a member	

Filing Fee: \$25.00