## L23000327533

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## **COVER LETTER**

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CUDIFOR		ON 538, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fcc(s) are sub	emitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		WILLIAM MCCLEN		
			Name of Person	
		100 LINCON 538, LLC.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		5688 FLINT RD.		
			Address	
		COCOA, FL 32927		
		info@bmbuildings.com	City/State and Zip Code	
			to be used for future annual report notification)	. ~
For further	information c	oncerning this matter, please c	all:	024 JA 550:-
WILLIAM	MCCLEAN	_	530 368-2284 at ( )	₩23
		f Person	Area Code Daytime Telephone Number	OF STA
Enclosed is	a check for the	ne following amount:		LE 31
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Re D P.	ailing Addressegistration Sivision of CO. Box 632	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 LINCON 538, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000327533	were filed on 07/11/2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		2021 SE
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		% · ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹
		OF STELL
Name of New Registered Agent:		— <u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia Zip Code
	City	гір Соае

## 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, 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	WILLIAM MCCLEAN	5688 FLINT RD, COCOA, FL 32927	
			□Remove
			☐ Change
			□Remove
			G BAdd
			Diemove W
			Phange Change STATE Add
			ZATE □ Add
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			Change

JANUARY 12TH 2024			<u> </u>		
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Signature of a member or authorized representative of a member	Dated				
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	Sign	alure of a member or author	orized representative of	of a member	
WILLIAM MCCLEAN	WILLIAM MCCLEAN				