L23000405290

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COVER LETTER

TO: Registration Se Division of Cor				
American I	Building Code Services, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kevin Eichelberger			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	American Building Code S	Services, LLC		
		Firm/Company		
	1250 S. Tropical Trail			~:) ~:)
		Address		
	Merritt Island, FL 32952			
		City/State and Zip Code		
	Lori @MiracleKingdom.orp			=
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
Kevin Eichelberger		321 914-2927		
Name o	f Person	Area Code Daytin	ne Telephone Number	_
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	.7	The Centre of	Fallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Building Code Services, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ty Company)
ne Articles of Organization for this Limited Liability Company were orida document number L23000405290	filed on August 29, 2023 and assigne
is amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	company here:
e new name must be distinguishable and contain the words "Limited Liability Con	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	: 23
Principal office address MUST BE A STREET ADDRESS)	- 3
	1
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office addresent and/or the new registered office address here:	ess on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Kevin Eichelberger	1250 S. Tropical Trail	
		Merritt Island, FL 32952	□Remove
			■ Change
			\Add
			□Remove
			□Change
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			Change

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		07
ective date, if other than the	e date of filing:	(optional) f filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this burnent's effective date on the I	lock does not meet the applicable statt	utory filing requirements, this date will not be listed
- •	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
s filed.		
October 6	2023	
	Meeyw Signature of a member or authorized rep	
1/ (/2		

Typed or printed name of signee