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(Re	equestor's Name)	
(Ad	idress)	
OA)	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	∍)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corpor		,	
SUBJECT:		Builders LLC ted Liability Company	
	vaine of Lifting	Red Elability Company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Andre	Name of Person	
	Grand	Slam Buillers LL Firm/Company	<u>C</u>
	703	Forest Hills dr.	
	2		
	Brandon,	FL 33510	
-	essence kitcheni	City/State and Zip Code On both (a) gradil - Cor o be used for future annual report no	
For further information conce		•	mication)
Andrew MCA	don_	_{at (913_)} 426	55%
Name of Per	son	Area Code Dayti	me Telephone Number
Enclosed is a check for the fo	llowing 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lability Company as it now appears on our records.)
Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/03/2024 and assigned Florida document number <u>L24000098320</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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>	Address	Type of Action
			□ Add
			□Remove
			□ Change
		 -	□Add
			Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	ing or more than 90 day ry filing requiremen	(optional) ys after filing.) Pursuant to 60: ts, this date will not be list
ecord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	l a.m. on the earlier	of: (b) The 90th day after
in theu.		

Filing Fee: \$25.00