## 12400021238

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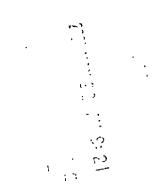
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## **COVER LETTER**

TO: Registration S Division of Co			
	BUILDERS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SULEYMAN DENDEN		
	<del></del>	Name of Person	
	PACIFIC BUILDERS LL	С	
		Firm/Company	
	1210 US 130 N STE 1412		
		Address	
	CINNAMINSON, NJ 080	77	
	dendenfinancial@gmail.co	City/State and Zip Code	
		to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Suleyman Denden		856 249-8384	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addro Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	7,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie	ability Company as it now appears on our record orida Limited Liability Company)	<u>1s.</u> )
The Articles of Organization for this Limited Liability Florida document number 1.24000021238	ty Company were filed on 01/09/2024	
This amendment is submitted to amend the following	g:	
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:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	2.2
	FI	orida
<del>-</del>	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 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>	<u>Address</u>	Type of Action
AMBR	TURAN OZDEMIR	1210 US 130 N STE 1412	<b>≣</b> Add
		CINNAMINSON, NJ 08077	=
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Filing Fee: \$25.00