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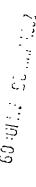
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Se Division of Co			
CUD IEZ		EAM ELITE BUILDERS LLC		
SOBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LUIS GONCALVES		
			Name of Person	
		BT7 PARTNERS TAX CO	OMPLIANCE SERVICES LLC	
			Firm/Company	
		7680 UNIVERSAL BLVE	SUITE 380	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	<u> </u>
		CONTATO@BT7PARTNI	ERS.COM	
		E-mail address: (to be used for future annual report noti	ification)
For furth	ner information o	concerning this matter, please c	all:	
LUIS G	ONCALVES		407 371-5600	
	Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed	d is a check for t	he following 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 Addre Registration	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	•	Division of Cor The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULFSTREAM ELITE BUILDERS LLC	Company as it now appears on our manuals	
(<u>Same of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/29/2024	and assigned
Florida document number L24000050935	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
HARPIA DEVELOPMENT LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		() ()
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		60
wanten the BB. T. Obs. of The BB.		
		
B. If amending the registered agent and/or registered	office address on our records, enter the	e name of the new regi:
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	. Flori	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	WELL DONE CONSTRUCTION LLC	2117 OPA LOCKA BLVD	
		MIAMI, FL 33054	\(\exists Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	VILLELA SOUZA ALHO, LUCAS	750 NE 140TH ST	
		NORTH MIAMI, FL 33161	≡ Remove
			□ Change
MGR	MAHLER LEMOS, FELIPE	R. DR. HELMUTH WEINMANN 100	= Add
		TORRE 1 APT 401	□Remove
		PORTO ALEGRE, RS 91360-050 BR	Change
MGR	SILVA FAUSTO, DIEGO	R. ALVORADA 896 APT 241	= Add
		SAO PAULO. SP 04550-003 BR	□Remove
			□Change
MGR	ESTELA AMORIM, ERIK FABIANO	AV. INTERLAGOS 1585 AP 25	= Add
		SAO PAULO, SP 04661-100 BR	Remove
			□Change
			□Remove
			□Change

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f an et Note:	tive date, if othe ffective date is listed, If the date inserte nent's effective da	the date must be sed in this block of	pecific and cannot loes not meet th	t be prior to date of e applicable statt	filing or more than	optional) 90 days after filing rements, this date	.) Pursuant to 605.0207 will not be listed as
e reco		yed effective dat	e, hut not an eff	ective time, at 12	2:01 a.m. on the	earlier of: (b) TI	ne 90th day after the
Dated	JUNE 17TH		<i>7</i> 02	4			
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Typed or printed name of signee