

L24000076472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

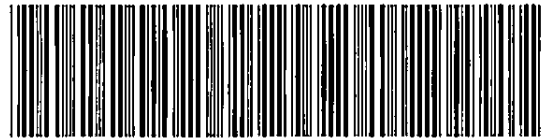
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2024 FEB 21 PM 2:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Builder Management Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne LeMoine

Name of Person

Builder Management Services LLC

Firm/Company

18061 N I-12 Service Road

Address

Please return all correspondence to Hammond, LA 70403

City/State and Zip Code

suzanne@mybuildercares.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne LeMoine

225 806-9528

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Builder Management Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 12, 2024 and assigned
Florida document number 1.24000076472.

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

(Mailing address MAY BE A POST OFFICE BOX)

City

Florida

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

(Mailing address MAY BE A POST OFFICE BOX)

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>	<u>Type of Action</u>
AMBR	Don Fernandez	132 Heritage Oaks Blve	<input type="checkbox"/> Add
		Covington, LA 70433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Paul Titus	801 West Dakota Street	<input type="checkbox"/> Add
		Hammond, LA 70401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Gary Jernigan	32100 Zander Lane	<input checked="" type="checkbox"/> Add
		Albany, LA 70711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Matthew Sandifer	408 West Charles St	<input checked="" type="checkbox"/> Add
		Hammond, LA 70401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2017-10-21 14:22:29

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 16, 2024

Don Fernandez
Signature of a member or authorized representative of a member

Don Fernandez
Typed or printed name of signer

Dated: February 1974