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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:	FULLER I	BUILT PROPERTIES, LLC		
30031.01,		Name of Lir	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sul	homistad for tillian	
			•	
Please return	all correspo	ondence concerning this matter	to the following:	
		FULLER, BRIAN L. JR.		
			Name of Person	
			Firm/Company	
		2701 N Poplar Ave		
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		bfuller97@me.com		
			to be used for future annual report no	otification)
For further in	formation c	concerning this matter, please c	all:	
FULLER, BE	UAN L. JR		630 991-6221	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee	S30.00 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)
	ing Addres istration S		Street Address: Registration S	ection
Divi	ision of C	orporations	Division of Co	
P.O.	. Box 632	7	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULLER BUILT PROPERTIES, LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{6/24/2}{1}$	2024	and assigned	
Florida document number 1.24000285499	,		•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here	. :		
			1963 3 3	
The new name must be distinguishable and contain the words "Lim	vited Liability Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
			:	
	,	-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			_	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our reco	ords, <u>enter the na</u>	ime of the new register	
			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida	street address		
		El 11		
	City.	, Fiorida _	Zip Code	
New Registered Agent's Signature, if changing Registered			·	
hereby accept the appointment as registered agent oppositions of all statutes relative to the proper and concept the obligations of my position as registered ag	omplete performance of my zent as provided for in Cha	duties, and Lan	r familiar with and r. if this document is	

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
AMBR	FULLER, BRIAN L. JR.	2701 N Poplar Ave. Tampa, FL 33602.	= Add
			□Remove
			□ Change
			□Add
			Remove
			🗆 Change
			□Remove
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ffective date, if other than the date of filing:	- 					
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