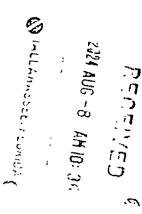
# L24000292963

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	-
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#### **CT CORP**

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ite:	08/08/2024	- w: DW
		Acc#I20160000072	4: ( ) = W
Name:	TI Builders	FL LLC	
Document #:			
Order #:	15805894		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination:	
Filing:	Certified:	Number of Certs:	Email Address for Annual Report Notifications
	Plain: COGS:		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 55.00	

Thank you!

### Docusign Envelope ID: 47EDE593-CFEC-477C-A021-ED8F4A429173 COVER LETTER

Division of Cor			
SUBJECT: TI Build	ers FL LLC Name of Lim	ited Liability Company	
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:  Chase Wathen Name of Person  Greenberg Traurig, P.A. Firm/Company  101 East Kennedy Blvd., Suite 1900 Address  Tampa, FL 33602 City/State and Zip Code  (i) Hsac@sibuilders biz, (ii) chase, wathen@gtlaw.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Chase Wathen  at ( 813 )318-5717 Name of Person  Area Code  Daytime Telephone Number			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	-		
		Name of Ferson	
		Greenberg Traurig, P.A.	
		Firm/Company	
	10   Ea:	st Kennedy Blvd., Suite 1900	
		City/State and Zip Code	
	(i) lisac@tibu E-mail address: (	nilders.biz (ii) chase, wathen@gtlaw.co to be used for future annual report noti	m fication)
For further information co	oncerning this matter, please c	all:	
Chase Wathen		at ( 813 ) 318-5717	_
(i) lisace E-mail addr For further information concerning this matter, ples	l'Person		e Telephone Number
Enclosed is a check for th	er following amount:		
	_	Ti \$55.00 Elling Exp. &	☐ \$60.00 Filing Fee.
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

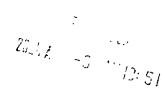
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 47EDE593-CFEC-477C-A021-ED8F4A429173

ARTICLES OF AMENDMENT

company has been notified in writing of this change.

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(A Florida Limit	npany as it now appears on our records.) ed Liability Company)				
The Articles of Organization for this Limited Liability Compa	any were filed onJuly 1, 2024	and assigned			
Florida document number <u>L24000292963</u> .	•	-			
This amendment is submitted to amend the following:					
_					
A. If amending name, enter the new name of the limited l	iability company here:				
The new name must be distinguishable and contain the words "Limited L	iability 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	<u></u>				
Enter new mailing address, if applicable:	6900 Daniels Parkway, Suite 29				
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 263				
	Fort Myers, FL 33912				
	as address on our records enter the ne	ime of the new regi			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter the ma</u>				
agent and/or the new registered office address here:					
Name of New Registered Agent:	Enter Florida street address				
Name of New Registered Agent:	Enter Florida street address	Zip Code			

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 47EDE593-CFEC-477C-A021-ED8F4A429173 rt amenung Authorizeo rerson(s) authorizeo 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>	Name	Address	Type of Action
<u>AMBR</u>	Michael J. Cimorelli	2153 Summer Hill Circle, Franklin, TN 37064	\BAdd
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
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f an e Note	etive date, if of effective date is list of If the date instanting the date instanting the date instanting the date instanting the date in	ted, the date erted in thi	must be speci s block does	itic and canno s not meet th	ie applicaci	date of filing of the statutory f	or more than 9 Iling require	(option 0 days after fi ments, this o	ling.) Pursuant t	to 605.0207 e listed as
e reco	ord specifies a c filed.	lelayed effe	ctive date. b	ut not an ef	fective time	e, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day	v after the
	d August 6				)24_ igned by:					
Date					L					

Filing Fee: \$25.00