11/24/24, 11:21 AM

Division of Corporations

Division of Corperations L. Electronic Filing Cover Shee

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please $_{i}$

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLM BUILDING SOLUTIONS LLC

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COVER LETTER

FO: Registration Section Division of Corporations				
	LDING SOLUTIONS LLC			
SUBJECV:Name of Limited Liability Company				
	Amendment and fee(s) are subj	-		
Trease return all correspo	ondence concerning this matter i	to the following.		
		Name of Person		
	Legalzoom com, Inc			
Firm/Company 9900 Spectrum Dr				
		Address	,	
	Austin, TX 78717			
	michael a distefano01@gii	City/State and Zip Code		
For further information of	E-mail address (toncerning this matter, please cr	o be used for future annual report notifi all	cation)	
Mike Town	, , , , ,	800 773-0888 ar()		
Name -	of Person	Area Code Daytime	Telephone Number	
linelosed is a cheek for t	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$35,00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/L	-ED
2024 NOV 25	PH 1: 39
	. 03

MEM BUILDING SOLUTIONS LLC	ny as it now annears on our records)
(<u>Name of the Limited Liability Comna</u> (A Florida Limited l	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000398568	· · ;
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15502 Stoneybrook West Parkway, Sinte 6 104-426
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787
Enter new mailing address, if applicable:	15502 Stoneybrook West Parkway, Suite # 104-426
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Cock

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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Chappell A Constance		= Add
		15226 Burnaby Drive, Naples, FL 34110	■ Remove
			
			☐ Change
			Add
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			O ,\dd
		4	Remove
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			Change
			D Add
			□ Remove
			Change

	Page: 51 of 51			
D. If amen	ding any other informa	tion, enter change(s) here: (Attach add	litional sheets, if necessary.t	
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E. Effectiv	e date, if other than the	date of filing:	(optional)	
Note: 1	f the date inserted in this blo	the specific and cannot be poor to date of filing of ock does not meet the applicable statutory f appartment of State's records	in more man 90 days after filing) Priesti illing requirements, this date will no	at to 605 0207 (5)(0) of be listed as the
	ord specifies a delayed 90th day after the reco	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on th	e earlier of:
ъ., 1	1/24/2024			
Dated _	,			
	/S/ Ashley Lea	n DiStefano		
		Signature of a member or authorized representa	tive of a member	
	Ashley Leah DiStefano			
		Typed or printed name of signe	ું	

To:

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Filing Fee: \$25.00