## h21000154631

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| , ,                                     |
| PICK-UP WAIT MAIL                       |
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| (Duoiseas Fatita Name)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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07/02/21--01009--007 \*\*25.00

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| 11 Bud Sh<br>SUBJECT:            | ire Lane LLC                                 |   |   |
|----------------------------------|--|---|---|
| SUBJECT.                         | Name of Lir                                  | nited Liability Company   |   |
| The enclosed Articles of         | Amendment and fee(s) are sul                 | omitted for filing.   |   |
| Please return all correspondence | ondence concerning this matter               | to the following:   |   |
|                                  | Roger Boyce                                  |   |   |
|                                  |  | Name of Person  |   |
|                                  | 11 Bud Shire Lane                            |   |   |
|                                  |  | Firm/Company  |   |
|                                  | 25 Coolidge Court                            |   |   |
|                                  |  | Address   |   |
|                                  | Palm Coast, FL 32137                         |   |   |
|                                  |  | City/State and Zip Code   |   |
|                                  | sentechine@comeast.net                       |   | ····  |
| For further information c        | concerning this matter, please c             | to be used for future annual report notifi<br>all:                  | ication)  |
| Roger Boyce                      |  | 954 240-1897<br>at ( )  |   |
| Name o                           | of Person                                    |   | Telephone Number  |
| Enclosed is a check for the      | 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 Addres Registration S    |  | Street Address:<br>Registration Sec                                 | tion  |

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

| 11 Bud Shire Lane LLC                                  |  |   |                                       |
|--|--|---|---------------------------------------|
| (Name of the Limit                                     | ed Liability Com<br>(A Florida Limited | pany as it now appears on our<br>d Liability Company) | r records.)                           |
| The Articles of Organization for this Limited L        | iability Compan                        | y were filed on 04/02/202                             | and assigned                          |
| Florida document number L21000154631                   | ·                                      |   | _                                     |
| This amendment is submitted to amend the following     | owing:                                 |   |                                       |
| A. If amending name, enter the new name o              | f the limited lia                      | bility company here:                                  |                                       |
| NA   |  |   |                                       |
| The new name must be distinguishable and contain the w | ords "Limited Lia                      | bility Company," the designation                      | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic         | able:                                  | NA  |                                       |
| Principal office address MUST BE A STREE               | T ADDRESS)                             |   |                                       |
|  |  |   |                                       |
| Enter new mailing address, if applicable:              |  | NA  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)             |  |   |                                       |
|  | <del></del>                            |   |                                       |
|  |  |   |                                       |
| 3. If amending the registered agent and/or r           | egistered office                       | address on our records,                               | enter the name of the new regis       |
| gent and/or the new registered office addres           | <u>ss nere</u> :                       |   |                                       |
| Name of New Registered Agent:                          | NA                                     |   |                                       |
| New Registered Office Address:                         |  |   |                                       |
|  |  | Enter Florida street                                  | address                               |
|  |  |   | . Florida                             |
|  |  | 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 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 |
|--------------|-------------|--|----------------|
| MGR          | Roger Boyce | 25 Coolidge Court Palm Coast, FL 32137 | <b>=</b> Add   |
|              |             |  | □Remove        |
|              |             | ·                                      | □Change        |
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| Effective date, if other than the date of filing:  1  |   |  |
|---|---|--|
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