## L22000343074

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

	egistration Se vivision of Cor					
eud teca		AW FIRM PLLC				
SUBJECT	·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	indence concerning this matter	to the following:			
		WINSTON T BOUK				
		<u> </u>	Name of Person			
		ARGUS LAW FIRM PLL	С			
			Firm/Company			
		PO BOX 1601				
		Address				
	GULF BREEZE FL 32502					
			City/State and Zip Code			
		RICOATTORNEY@GMA				
		·	to be used for future annual report noti	incation)		
For further	information c	oncerning this matter, please c	all:	-		
WINSTO	N T. BOUK		850 698-5376	, ,		
	Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is	s a check for th	ne 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)		
	lailing Addres		<u>Street Address:</u> Registration Se	ction		
D	ivision of C	orporations	Division of Cor	porations		
	.O. Box 632		The Centre of			
1	allahassee, I	*L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARGUS LAW FIRM PLLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.
The Articles of Organization for this Limited Liability Co. Florida document number L22000343074	ompany were filed on AUGUST 3, 2	2022 and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
BOUK LAW PLLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <del></del>	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
	<u></u>	
3. If amending the registered agent and/or registered	l office address oπ our records, <u>en</u>	ter the name of the new registe
gent and/or the new registered office address here:		
		-
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	11
New Registered Office Address:		
Negistered Office Address.	Enter Florida street ad	dress
		, Florida
		T 1111 1113

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, 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
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			Remove
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ctive date, if other than the	date of filing:			(	optional)	
effective date is listed, the date muses. If the date inserted in this bl	t be specific and car ack does not mee	nnot be prior to	date of filing or le statutory fil	more than 90 day:	s after filing.) F s. this date w	ursuant to 605.02 ill not be listed
ment's effective date on the D						
ecord specifies a delayed		e, but not	an effective	time, at 12:	01 a.m. or	the earlier
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MARCH 24		2025				
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	Winsto Signature of a mer	n Troy E	ved representati	ve of a member	M	

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Filing Fee: \$25.00