

LOS000037116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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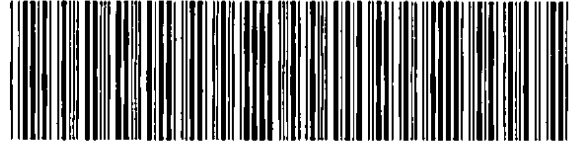
(Business Entity Name)

(Document Number)

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2023 JUL 25 3:50

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED

S. ROBERTS

JUL 26 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: 120210000160: \$25.00 :

Authorization Signature: 2nd \$ :

**BUB UNLIMITED LLC L05000037116**

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp  
☐ Not for Profit  
☐ **Limited Liability**  
☐ Domestication  
☐ Other  
☐ CORP  
☐ LLLP

**AMMENDMENTS**

- ☒ X Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Articles of Conversion  
☐ Amended and restated Articles  
☐ Statement of Authority

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE  
☐ Country

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing  
☐ Qualification for LLP  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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TALLAHASSEE, FLORIDA



if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H23000237097 3))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Terri R. Francisco	18800 SE RIVER RIDGE ROAD	<input type="checkbox"/> Add
		TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Joseph C. Francisco	2141 Alternate A1A S., Suite 310	<input checked="" type="checkbox"/> Add
		Jupiter, Florida 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANDREW J. FRANCISCO	2141 Alternate A1A S., Suite 310	<input checked="" type="checkbox"/> Add
		Jupiter, Florida 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/14/2023 \_\_\_\_\_;

- Documented by

Joseph C. Francisco

Signature of a member or authorized representative of a member

Joseph C. Francisco, Managing Member

Typed or printed name of signee

((H23000237097 3)))

**Filing Fee: \$25.00**