Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000262142 3)))



H230002621423ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

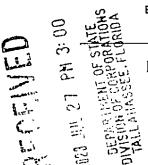
Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002

Fax Number : (561)775-0270

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*.

Email Address: \_\_\_\_andrew@assetadvisoryservices.com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUB UNLIMITED LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

10 S S S S TOS Helm T. LEMIEUX From: Bailey Kelel Fax: 1562/132084

From: Bailey Kefel - Fax: 1562/132084 To: DocuSign Envelope ID: C7740DE4-D206-4C4E-93D0-06F00C29922F

Fax: (850) 617-6383

Page: 3 of 5

07/27/2023 2:35 PM

(((H23000262142 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

d Liability Company as it now appears on a A Florida Limited Liability Company)  bility Company were filed on 4/15/200  wing:		seiomad
·	)5 and a	ceianod
		ssigned
wing:		
the limited liability company here:		
rds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "	L.L.C."
ble:		
ADDRESS)		
ON)		
****		
	is, <u>enter the name of the n</u>	ew regi
<u>here</u> :		
Andrew I Francisco	3.7	
	2123	
2141 Alternate A1A, Suite 310	<i>(</i>	
Enter Florida st	$\sim$	
Jupiter	Florida <u>33477 - 1</u>	, -
Jupiter City	reet address = 2. Florida 33477 -1 Zip Code	, <u> </u>
Jupiter	Florida <u>33477 - 1</u>	. C.
Jupiter  City  rgistered Agent:  agent and agree to act in this capa r and complete performance of my of ered agent as provided for in Chap egistered office address, I hereby co	Florida 33477 Zip Code  Zip Code  Zip Code  City. I further agree to con luties, and I am familiar w ter 605, F.S. Or, if this doc	iply wi ith and cument
Jupiter  City  raistered Agent:  agent and agree to act in this capa r and complete performance of my capa agent agent as provided for in Chap	Florida 33477 Zip Code  Zip Code  Zip Code  City. I further agree to con luties, and I am familiar w ter 605, F.S. Or, if this doc	iply wii ith and cument
	rds "Limited Liability Company," the designable:  *ADDRESS)  OX)	ON)  gistered office address on our records, enter the name of the no here:  Andrew J. Francisco

From: Bailey Kelel

From: Bailey Kelel Fax: 15517:52084 To: Fax: (850) 617-6383 Page: 4 of 5 07/27/2023 2:35 PM

DocuSign Envelope ID: C7740DE4-D206-4C4E-93D0-06F00C29922F

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

{((H23000262142 3))}

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del> </del>	□ Remove
			☐ Change
<del></del>			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
	<del></del>		□Add
			Remove
			□Change
			□Add
		<u> </u>	□Remove
			[](]hange

Fax: (850) 617-6383

Page: 5 of 5 07/27/2023 2:35 PM

(((H23000262142 3)))

D. If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in t	the date of filing:
f the record specifies a delayed ef ecord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 7/27/2023	·
DocuSigned by.  ANAME FY FOJBC0B16B63444	Signature of a member or authorized representative of a member
Andrew J. Francis	co, Managing Member
<del> </del>	Typed or printed name of signee

(((H23000252142 3)))