L110000047352

(Re	equestor's Name)	
(Ad	ddress)	-
(Ac	ddress)	·
(Ci	ity/State/Zip/Phone	· #)
PICK-UP	_	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		
	Office Use Only	, 08)10151 R. 2-C:



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07/28/21--01021--002 **25.00

COVER LETTER

	vision of Cor				
SUBJECT:		obcat Ser. LLC			
SUBJECT		Name of Lim	ited Liability Company	Part of the state	
The analose	id Articles of	Amendment and fee(s) are sub	mitted for filing		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Elaine Manthey			
			Name of Person		
		Manthey Bobcat Ser. LLC			
			Firm/Company		
	1476 Emeralad Bay Dr.				
			Address		
		Destin Fl. 32541			
			City/State and Zip Code	·····	
		manthey 14@hotmail.com	to be used for future annual report notif	Footion)	
For further i	information co	oncerning this matter, please ea		(Cation)	
		oncertung this matter, prease ea			
Elaine Manthey			850 6503394 at ()	<u> </u>	211:
	Name of	f Person	Area Code Daytime	: Telephone Number	C
Enclosed is	a check for th	ne following amount:		•	
\$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy = (additional copy is enclosed)	
	ailing Address		Street Address: Registration Sec	tion	
Division of Corporations		orporations	Division of Corporations		
P.0	O. Box 632	7	The Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manthey Bobcat Services LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on April 21, 2011 and assigned
Florida document number L11000047352	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registere agent and/or the new registered office address here: 	ed office address on our records, enter the name of the new registe
	
Name of New Registered Agent:	<u> </u>
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>	<u>Address</u>	Type of Action
AMBR	Adam Manthey		□Add
		375 Ingram Rd. DeFuniak Springs 32435	= Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			Change ()
			□Add
			□Remove
		20	∵ □Change
			🗆 Add
			□Remove
			□Change

_____ □Add

_____ Change

Effective date, if other than the date of filing: fan 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					
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Signature of a member or authorized representative of a member	Dated July 21	2021			
Signature of a member or authorized representative of a member	Laine Ma	uther_			
	Signature of a me	ember or authorized repres	entative of a member		

Filing Fee: \$25.00