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08/14/24--01024--002 **25.00

COVER LETTER

TO: Registration Se Division of Cor						
THE BUS SUBJECT:	STOP, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ROBERT J MULLER					
		Name of Person				
		Firm/Company				
	III MARTA RD					
		Address				
	DEBARY, FL 32713					
	robertmuller6003@gmail.c	City/State and Zip Code om				
	E-mail address: (to be used for future annual report no	otification)			
For further information c	oncerning this matter, please c	all:				
ROBERT J MULLER		407 739-7164				
Name of Person		at () Area Code Days	ime Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration S Division of C		Registration S				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BUS STOP, LLC			
(Name of the Limited (A	iability Company a lorida Limited Liabi	s it now appears on ou lity Company)	r records.)
The Articles of Organization for this Limited Liab		re filed on 01/06/20	and assigned
Florida document number 1.12000109694			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	limited liability	company here:	
The new name must be distinguishable and contain the word	"Limited Liability C	Company," the designat	ion "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	<u>_</u>		
Principal office address MUST BE A STREET A	DDRESS)		
D			
Enter new mailing address, if applicable:	_		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
3. If amending the registered agent and/or regi		ress on our records	s, enter the name of the new registe
gent and/or the new registered office address h	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
Neggiolog Citto Hadios.		Enter Florida stre	ei 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>	Name	Address	Type of Action
AR	DEBBIE WOMACK	50 DESTINATION DR	□ Add
		WAYNESVILLE, NC 28786	🖼 Remove
			□ Change
			□Add
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		<u> </u>	
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Signature of a member or authorized representative of a member	record spec is filed.		l effective date, l		4					
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Filing Fee: \$25.00