

L12000129411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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G. McLEOD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **2 GUYZ BUYZ**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAMANGU TUBE'

Name of Person

2 GUYZ BUYZ

Firm/Company

7226 ALANTIC BLVD UNIT B

Address

JACKSONVILLE, FL 32211

City/State and Zip Code

2GUYZ.BUYZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAMANGU TUBE'

Name of Person

at (**904**) **803-0609**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2 GUYZ BUYZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 10, 2012 and assigned
Florida document number L12000129411.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

7226 ATLANTIC BLVD
UNIT B
JACKSONVILLE, FL 32211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7226 ATLANTIC BLVD
UNIT B
JACKSONVILLE, FL 32211

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROBIN TUBE'

New Registered Office Address:

7226 ATLANTIC BLVD UNIT B

Enter Florida street address

JACKSONVILLE

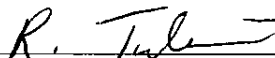
City

, Florida 32211

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 608, 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

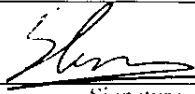
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KAMANGU B. TUBE'	8638 JEREMY DAVID COURT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Remove
MRGM	PATRICK INGRAM	565 THORNBERRY RD	<input type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	KAMANGU B. TUBE'	7226 ATLANTIC BLVD	<input checked="" type="checkbox"/> Add
		UNIT B	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32211	
MGRM	ROBIN TUBE'	7226 ATLANTIC BLVD	<input checked="" type="checkbox"/> Add
		UNIT B	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32211	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated MARCH 4, 2013



Signature of a member or authorized representative of a member

KAMANGU B. TUBE'

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00