Division of Corporations

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.

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	Doing so will g	enerate ano	ther cover	sheet.		-

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUBBA GAS WORKS PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

FEB 20 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bubba Gas Works PLLC			
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) hty Company)		
The Articles of Organization for this Limited Liability Company we	e filed on 09/30/13		and assigned
Florida document number L13000137378			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
Bubba Gas Works LLC			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or th	ne abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		2023
B. If amending the registered agent and/or registered office addi	ess on our records, enter the n	ame of	
agent and/or the new registered office address here:			သ
			7
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		<u> </u>	<u></u>
-	Enter Florida street address		_

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.

City

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
			□Add
			Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			☐Add
			Remove
			□ Change
			□ Remove
			□ Change

in amena	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	,
Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 17
	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee

Filing Fee: \$25.00