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| (Re | equestor's Name) | _ |
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| (Ac | dress) | <u> </u> |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2020 MAR -9 AH 10: 38 SECRETARY OF STATE FALLAHASSEE, FLORID,

COVER LETTER

| Division of Corpo | | | |
|------------------------------|---------------------------------|---|--|
| SUBJECT: BO MC | Gee's Tractor Se | ervice ILC | ٠ |
| | | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | | | |
| | Mary Black | burn | |
| | 1 | Name of Person | |
| | Bo Mc Gee's Tr | actor Service LLC Firm/Company | |
| | | Firm/Company | |
| | 4900 Joseph | St. | |
| | <u> </u> | Address | |
| | Hastinas | FL 32145 | |
| | | FL 32 145 City/State and Zip Code | |
| | bomagees tractor | Service @ gmail. Com to be used for future annual report notification | ication) |
| For further information cor | ncerning this matter, please ca | | icanon, |
| | recrimg this matter, prease ex | | |
| Mary Blackbur | Ω | at (904) 329- | 9101 |
| Name of I | Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | (maniform copy to environm) | (additional copy is enclosed) |
| | | | |
| B.4 (1); A | | C4 A | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bo Mc Gee's Tractor Service and Lawn Maintenance, 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 <u>03</u> | 12/2015 | and ass | igned |
|---|-------------------------|---------------------------------------|------------------|----------------|
| Florida document number <u>L \5 0000 45393</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | <u>e</u> : | | |
| Bo McGee's Tractor Service, LI The new name must be distinguishable and contain the words "Limited Liabili | LC | | - ··- | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the des | ignation "LLC" or the ab | bbreviation "L.I | L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> </u> | |
| | _ | ָרָ - | | *** |
| | | 7 | > = 70 | **** |
| T | | ä | ف چَڇَ | ļ - |
| Enter new mailing address, if applicable: | | , , , , , , , , , , , , , , , , , , , | 70 | 100 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - | |
| | | | ကြ ယ | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our rec | ords, <u>enter the nan</u> | ne of the nev | y registered |
| Name of New Registered Agent: | 3 | | | |
| New Registered Office Address: | 9 | | | |
| | Enter Florid | la street address | | |
| | Y | , Florida | 8 | |
| | 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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-------------|----------------|--|
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| Effective date, if other than the date of filing: [In an 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 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated March 2, 2020 The finance of a member or authorized representative of a member | | 7 / | |
|---|--|---|-------------|
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