L15000073875

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporation | ns | |
|-----------|---|--|--|
| | The Boudreaux Ag | | · |
| SUBJE | CT: | Name of Limited Liability Company | |
| | | | |
| The enc | : osed Articles of Amend | nent and fee(s) are submitted for filing. | |
| Please r | turn all correspondence | concerning this matter to the following: | |
| | Am | anda Lee Boudreaux | |
| | | Name of Person | |
| | Pen | Creat Representative Estate of Jacob Dale Boudreaux | |
| | | Firm/Company | |
| | 15 1 | solling lane | |
| | | Address | |
| | Pali | 1 Coast, FL 32137 | |
| | mano | City/State and Zip Code y!keen@gmail.com | |
| | <u> </u> | E-mail address: (to be used for future annual report n | otification) |
| For furth | er information concerning | g this matter, please call: | Sec. 79 |
| Amanda | Lee Boudreauxx | Bandriare f at () 389-7681 | |
| | Name of Person | Area Code Day | ime Telephone Number |
| Enclosed | is a check for the follow | ing amount: | |
| \$ \$25. | 0 Filing Fee \$\frac{1}{2}.\$3 | 0.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status (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 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

| The Boudreaux Agency, LLC | | |
|---|--|---------------------------|
| (Name of the Limi | ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited L L15000073875 Lorida document number | Liability Company were filed on | and assigned |
| his amendment is submitted to amend the following | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company." the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STREI | ET ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| <u>Mailing address MAY BE A POST OFFICE</u> | <u> </u> | |
| | | |
| 3. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on our records, <u>enter the</u> ess here: | name of the new register |
| Name of New Registered Agent: | Stephen W. Lutz | 07-7 |
| New Registered Office Address: | 1500 Gateway Blvd., Ste. 220 | 3 3 11 |
| | Enter Florida street address Boynton Beach | 33.76 |
| | , Florid | |
| | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|--------------------------|---------------------------------------|----------------|
| MGR | Amanda Lee Boudreaux | 15 Bolling Lane, Palm Coast, FL 32137 | |
| | | | □ Remove |
| | | | |
| AMBR | Amanda Lee Boudreaux, PR | 15 Bolling Lane, Palm Coast, FL 32137 | 🖼 Add |
| | | | Remove |
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| II am | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Effect | e date if other than the date of filing: (Optional) ; " | 0207.6 |
| il an ci Note: | etive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. | ed as t |
| docun | nt's effective date on the Department of State's records. | |
| | · | |
| e recor | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d. | r the |
| | | |
| Dated | October 84 2021. | |
| | October 84, 2021. Signature of a member or authorized representative of a member | |
| | Morar In 1 See Boundreaux | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Typed or printed name of signee | |