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COVER LETTER

	Bush USA LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eric Hogan		
		Name of Person	
	Dunham-Bush USA LLC		
		Firm/Company	
	11948 Miramar Pkwy.		
		Address	
	Miramar, FL 33025		
		City/State and Zip Code	
	Nicole@dbamericas.com E-mail address: 0	to be used for future annual report notil	ication)
For further information	concerning this matter, please ca		
Nicole Hogan		305 883-0655	
Name	of Person	Area Code Daytimo	: 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

Dunham-Bush USA LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	<u> </u>	
he Articles of Organization for this Limited Liability Company lorida document number L15000081225	were filed on <u>5/7/2015</u>	and assigned	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	11948 Miramar Pkwy.		
Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33025		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	11948 Miramar Pkwy. Miramar, FL 33025		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		ter The name of the	
	, Florid:	123 1810	
	City	Zip Code	

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Address	Type of Action
		<u> </u>	□ Remove
			□ Change
			□ Remove
			☐ Change
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			SSE YEAR
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Teative dute if other than th	e date of filing:		(antional)
in effective date is listed, the date m	ust be specific and cannot be prior to block does not meet the applicable	date of filing or more than 90	D days after filing.) Pursuant to 605.0
cument's effective date on the l		ic statutory ming require	neius, inis date will not be fisice
,	1.66.11		10:01
record specifies a delaye The 90th day after the re	ed effective date, but not a cord is filed.	an errective time, at	12:01 a.m. on the earliel
November 9	N Signature of a member or authorize	.•	
s: //			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00