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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

APROSTATE J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Billy Mayo Enterprises Name of United Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Billy Mayo Name of Person |
| Billy Mayo Enterprises |
| 222 Lannie Rowe Dr. |
| Panama aty Fl 32404 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Billy Mayo at (85) 624-5325 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee,}\$ 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

| Billy Ma | 40 Enduprises | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------|
| (<u>Name/of the Limited L</u> (A F | iability Company as it now appears on our recordorida Limited Liability Company) | rds.) |
| The Articles of Organization for this Limited Liabil Florida document number | lity Company were filed on <u>2/8/16</u> 10783 | and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A | e: | C" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | | A S A P P P P P P P P P P P P P P P P P |
| (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our record address here: | ls, enter the name of the new |
| Name of New Registered Agent: | AN | |
| New Registered Office Address: | Enter Florida street addre | ess |
| | r | 'lorida |
| - | 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 = A | uthorized Member | | |
|--------------|------------------|-------------------------------------------|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | John L. Burton | 222 Lannie Rowe Tar. Panama City FL | □ Add |
| | | Panama City FL | Remove |
| , | | 32404 | Change |
| AMBR | David B. Clayton | 8725 Ed Lee RJ | Add |
| | · | 8725 Ed Lee RJ Panama Cifz EL 32404 | Remove |
| | | 32404 | Change |
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| | e date, if other th | an the date o | of filing: | | | (0 | ptional) | |
| Fectiven effections | e date, if other the tive date is listed, the tithe date inserted in | an the date of late must be specified this block does | of filing: | ot be prior to da | ate of filing or mo | (o | ptional) after filing.) Purs this date will a | uant to 605.02 |
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| te: If cumen | the date inserted in | this block doe in the Departmo elayed effec | es not meet tent of State's | he applicable s records. | statutory filing | requirements, | this date will a | not be listed : |
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