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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Buddy's Kuntry Katering LC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wesley A. Sullivan Name of Person	
Firm/Company	
10 W 15th St Address	
Lehigh Acres FC 33972 City/State and Zip Code	
E-mail address (to boused for future annual report notification)	
For further information concerning this matter, please call:	
Wesley Sullivan at (339) 229 - 0222 Name of Person at (339) Daytime 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 Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Rivining at Comparation and Division of Comparation and Division and Di	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buddy's Kuntry		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) oted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "El.C" or the	e abbreviation "L.I. C "
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	pretty
		
Inter new mailing address, if applicable:	10 w 15-th St	
Mailing address MAY BE A POST OFFICE BON	Lehigh Acres F	L 33972
		<u> </u>
If amending the registered agent and/or registered off igent and/or the new registered office address here:	lice address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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	Wesley Sullivan	10 W 15 th St	□Add
		Lehigh Hars FC 33972	&Remove
			□Change
	***************************************		🗆 Add
			□Remove
			☐Change ☐☐ ☐Add
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	<u> </u>
	51
ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date of filing 11 the date inserted in this block does not meet the applicable statutory 12 cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 stilled	a m, on the earlier of: (b) The 90th day after the
Signature of a member or authorized represent	
Sheel Cillian	

Filing Fee: \$25.00