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COVER LETTER

Division of Corporations		
SUBJECT: BUSh was ke He LLC		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following.		
Dan R Richards		
2504 S. Dundee Blud Firm Company		
Taxapa F1 33629		
City/State and Zip Code Z L (5 pr + 28 fc) 6 Mail, Com E-mail address: (to be used for future innual report notification)		
For further information concerning this matter, please call:		
Name of Person at (S/3) 833-5-110 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate of Status & 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

Bushingels	cette L.L.C.
(Name of the Limited Liab (A Flori	filty Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 4/25-/2(2)()
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Non-Danistaned Assets 19	Cin Zip Code
accept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is red office address. I hereby confirm that the limited liability.

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 __ □Add _____ CRemove ______ ⊡Add

and the matter change of nere: (Atlach additional sheets, if necessary.)
Estective 6/15/2021
1) Bushwackette is a member managed
2) In The event of the death of
any member of Bushunckette LLC, the
acceased's portion of ownership and
all interests in Bushwackette 110
with se considered to have been
immediately divided equally between
the remaining mounders
3) Dan R Richards is an authorized
member functioning as manager thus
afferding to operational responsibilities
08 Bushwellette LLC Any Hother tel
member can assume these responsibilities
as neaded
E. Effective date, if other than the date of filing: 6/5/202/ (optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If 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 record is filed.
Dated 5 / 25 / 702/
Day IL Detas
Signature of a member or authorized representative of a member
Day R Richards
Typed or printed name of signee

Filing Fee: \$25.00