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, (Do	cument Number)	
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TECKETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: Buildog Automated Systems, LLC 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:
Ricky D. Bland Name of Person
Buildog Unlimited, LLC
P.O. BOX Address
Tallahassee FL 32309 City/State and Zin Code
Tallahassee FL 32309 City/State and Zip Code Bland_ricky Q sahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricky O. Bland at (850) 778 - 0314 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Certificate Of Status & Certificate 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**

Buildog Automated Systems LLC
Buildog Automated Systems LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
les of Organization for this Limited Liability Company were filed on May 27, 2016 and assigned ocument number LI6060103915
ndment is submitted to amend the following:
30

Florida document number <u>LIVD0010 3915</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Bulldog Unlimited, LLC
The 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 applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: P.O. Box 1373
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O. BOX 1373 Tallahassee, FL 3230
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
registered agent und of the new registered office underess here.
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
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
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 Naw Registered Agent

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			∷ Remove
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			Remove
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Filing Fee: \$25.00