## L16000194199

(Rec	questor's Name)	
(8.1	<u>-</u>	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
<b>,</b>		
Special Instructions to F	iling Officer:	





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D. BRUCE SEP 28 2020

## **COVER LETTER**

TO: Registration So Division of Cor	ection -porations	;	
Guys4 LLC	2	·	
SUBJECT:	SUBJECT:Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dennis W. Guy		
	<del></del>	Name of Person	
	Guys4 LLC		
		Firm/Company	<del></del>
	167 Black Bear Circle		
		Address	
	Niceville, Florida 32578		202) SEI T
	dennis.guy3320@gmail.cor	City/State and Zip Code	2020 AUG -7 AM 7: 06 SECREDA (CAR STATE TALLAHASSEELFL
	E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	971 A
Dennis W. Guy		910 551-4905 at ()	7:0
Name (	of Person	Area Code Daytime Telephone	Number F1: ON
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy ddinonal copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	2

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUYS4 LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records. mited Liability Company)	)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000194199</u> .		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
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 ADDRES	<u>SS)</u>		
		020	
		AUS AUS	
Enter new mailing address, if applicable:		a a	
(Mailing address MAY BE A POST OFFICE BOX)			
		The state of the s	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Floi		
	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 = Authorized Member **Address** Type of Action Title Name □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove DAdd DAdd Co \_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ 🗀 Change \_\_\_\_\_ □Remove

☐Change

Filing Fee: \$25.00

Typed or printed name of signee