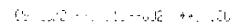
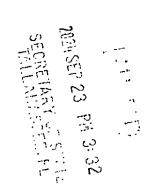


(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only







COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: B	D Tractor and	Tree LLC	
ловист. <u>р</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Bennett D	Name of Person	
	B+D Truc	ctor and Tree LLC	
	8028 Rile	Firm/Company RDU Address	MACES 23
	Southport	FL 32409 City/State and Zip Code	
	<u> </u>	OMUL.COM to be Jsed for future annual report notification)	
For further information co	oncerning this matter, please co	all:	
Bennett W Name o	DMD) f Person	at (<u>450</u>) <u>1/24-() [</u> Area Code Daytime Teleph	none Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gertified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporati The Centre of Tallaha	
Tallahassee, I		2415 N. Monroe Stree	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 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>	Address	Type of Action
MGR	Merri Jo Mombi	5736 Highway 2297 Panama City FL 3240	□Add
			Change
			□Add
			□Remove
			Ghange School
			23 Rettove
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			□Remove
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<u>Note:</u> If t	date, if other than the we date is listed, the date must he date inserted in this blocks effective date on the De	ock does not me-	et the applicab	date of filing or n de statutory filin	(op fore than 90 days at g requirements, t	tional) ter filing.) Pursuant to his date will not be	o 605.0207 (3) e listed as the
		date, but not a	n effective tins	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
	occifies a delayed effective						
d is filed.	September 1	<u>G</u> .	2024				
d is filed.		Signature of a me	2024	······································	of a member	-	_

Filing Fee: \$25.00