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## **COVER LETTER**

| TO: • Registration Section<br>Division of Corporation                                 | is<br>i  |
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| The Business Butler SUBJECT:  | <br>   S.L.L.C   |
| SUBJECT.  | Name of Limited Liability Company  |
| The enclosed Articles of Amendn   | ent and fee(s) are submitted for filing.   |
| Please return all correspondence c  | oncerning this matter to the following:  |
| Marc  | Wagner   |
| <del></del>   | Name of Person   |
| The l   | Business Butlers LLC   |
|   | Firm/Company   |
| 4100  | Corporate Square #112  |
|   | Address  |
| Napi<br>——  | es FL 34104  City/State and Zip Code   |
| thebus  | inessbutlerslle@gmail.com  |
| <del></del>   | E-mail address: (to be used for future annual report notification)   |
| For further information concerning  | githis matter, please call:  |
| Mare Wagner   | 239 503 1768<br>at ()  |
| Name of Person  | Area Code Daytime Telephone Number   |
| Enclosed is a check for the follow  | .ll<br>ing amount:<br>Il   |
|   | 0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING AD<br>Registration Sec<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FL | Registration Section  Porations Division of Corporations Clifton Building  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Business Butlers LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/23/2017}{1}$ \_ and assigned Florida document number L17000114087 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." 4100 Coporate Square #112 Enter new principal offices address, if applicable: Naples FL 34104 (Principal office address MUST BE A STREET ADDRESS) USA 4100 Corporate Square #112 Enter new mailing address, if applicable: Naples FL 34104 (Mailing address MAY BE A POST OFFICE BOX) USA 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: 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familib with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Orgifithis 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

| or remove  MGR = | ing Authorized Perso<br>ed from our records:<br>Manager<br>Authorized Member | ge, enter the title, name, and address of each p | person being added    |
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Filing Fee: \$25.00