## 1800027052

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COVER LETTER Registration Section TO: Division of Corporations BUSWELL HOLDING COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all conjespondence concerning this matter to the following: CORY L. TAYLOR Name of Person LAW OFFICE OF CORY L. TAYLOR Firm/Company 37 NORTH ORANGE AVENUE, \$UITE 500 Address ORLANDO, FL 32801 City/State and Zip Code CTAYLOR@CORYTAYLORLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CORY TAYLOR Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fe./& □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy (additional copy is e MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FI. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability C (A Florida Lin	ompany as it no nited Liability Co	ow appears on our records.) ompany)	<del></del>
The Articles of Organization for this Limited Liability Com	ipany were file	ed on JANUARY 30, 2018	and assigned
Florida document number 118000027052			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability com	pany here:	
The new name must be distinguishable and contain the words "Limited	Liability Compa	ny," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
			A PAR
			CRET
Enter new mailing address, if applicable:			R IAS
(Mailing address MAY BE A POST OFFICE BOX)			833 7 C
			92
B. If amending the registered agent and/or registere	ed office add	ress on our records, enter	the name of the new
registered agent and/or the new registered office address	<u>s here</u> :		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
Now Registered Office / Rediess.		Enter Florida street address	
		, Florida	
	City	, 1 lorida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete perform t as provided	ance of my duties, and I am f for in Chapter 605, F.S. Or,	amiliar with and if this document is
Īf	f Changing Regi	stered Agent, <u>Signature of New Re</u>	gistered 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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BREONE BUSWELL	7210 SEMINOLE DRIVE UNIT 1	
		ORLANDO, FL 32812	Remove
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Effective date, if other than the	date of filing:	0.5%	(optional)
	be specific and cannot be prior to dat ock does not meet the applicable s		
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Note: If the date inserted in this blo	epartment of State's records.	1	
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Note: If the date inserted in this blodocument's effective date on the Define record specifies a delayed. The 90th day after the recordated MARCH 5	effective date, but not an ord is filed. $\frac{2018}{4 \text{ J}}$	representative of a member	

Filing Fee: \$25.00