

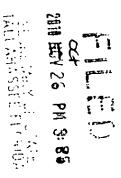
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

Oviedo T SUBJECT:	uff. LLC			
30b)(C1.	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are sub	<u>.</u>		
Please return all corresp	condence concerning this matter	to the following:		
	Trey Aulls			
		Name of Person		
	Oviedo Tuff			
	483 Montgomery Place	Firm/Company		
	465 Montgomery Flace			
	Altamonte Springs, Fl 327	Address 14		
		City/State and Zip Code)
	treyaulls352@ <u>gamil.com</u> Qma\l .C6	·	Ş., Ş	8-
For further information	E-fnail address: (concerning this matter, please c	(to be used for future annual report notifi	≝., -4.	7) 70 11
trey aulls	concerning this matter, please c	352 678-7464		di Di
	of Person	at ()		ଷ
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Oviedo Tuff, 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 August 8, 2018 _____ and assigned Florida document number L18000189860 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 "LLC." 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: Enter Florida street address City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Reed	483 Montgomery Place Altamonte Springs, Fl 32714	■ Add
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October 24, 2018 Cottober 24, 2018 (optional) (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 991 days after filing.) Pursuant to 605,0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.	_	
October 24, 2018 L. Effective date, if other than the date of filing:	_	
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October 24, 2018 C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.	_	
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October 24, 2018 Described Acta and Common	-	
C. Effective date, if other than the date of filing:	-	£ 7 6 3
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	(b) The	90th day after the record is filed.
Dated 10/24/18 Comparison of a member of authorized representative of a member	Dated	19/24/18
at Cu		at Cu
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00