## LISOCO 219113

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(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations		
		Busters LLC		
SUBJECT:	-	Name of Lim	ited Liability Company	
The angleses	l Articles of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Robert A Manela		
			Name of Person	
			Firm/Company	
		7050 West Palmetto Park I	Road Suite 15-245	
			Address	
		Boca Raton, Florida 33433		
		-	City/State and Zip Code	
		robert.manela@cpa.com		
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ca	all:	
Robert A. Manela		561 306-7733 at ()		
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡ \$</b> 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	iection
	gistration S vision of C	orporations	Registration S Division of C	
P.C	). Box 632	7	The Centre of	Tallahassee
Tal	lahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 9/14/2018

Florida document number 1 18000219113

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.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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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	Consulting CPAs PLLC	7050 West Palmetto Park Road	
		Suite 15-245	Remove
		Boca Raton, Florida 33433	Remove
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record specifies a delayed effective d is filed.	date, but not :	an effective	time, at 12:	01 a.m. on the	earlier of: (b)	The 90th o	lay after the
		2020					
October 17		JA	MICK	),			