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COVER LETTER

TO: Registration Se Division of Cor					
Blower Buc	ldy, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Lonnie Bohrer				
		Name of Person	···		
	Blower Buddy, LLC				
	··· -	Firm/Company		Status &	
	902 Deer Hammock Road			مسر فور مسر	_
		Address		7 21	_
	Sarasota, FL 34240				í
		City/State and Zip Code			-
	mowersinc@hotmail.com E-mail address: (to be used for future annual report notific	cation) ,.	لي) نب	
For further information of	concerning this matter, please co	all:			
Lonnie Bohrer		941 706-4465 at ()			
Name o	of Person	Area Code Daytime	Telephone Number	_	
Enclosed is a check for t	he 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 F Certificate of Certified Copy (additional copy i	Status & y	

MAILING ADDRESS: 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

Blower Buddy, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 10/18/2018	and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Blower Buddie, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		······································
Enter new mailing address, if applicable:		2 1
(Mailing address MAY BE A POST OFFICE BOX)		1.1 p
		. 0
		Ċ
B. If amending the registered agent and/or regi		nter the name of the ne-
registered agent and/or the new registered office ad-	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	a
	City	Zip Code

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
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Typed or printed name of signee

Filing Fee: \$25.00