L18000278487

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: BAXLEY	DOZER SERVICE LLC		
SUBJECT: MANUEL SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENEE CRAWFORD		
	*******	Name of Person	
	RUTH ATTAWAY CPA		
		Firm/Company	
	16216 NW ASHLEY SHI	VER ROAD	
		Address	
	ALTHA, FL 32421		
	1 1 1 1 10730 11	City/State and Zip Code	
	baxleyjoseph1973@gmail.c	om to be used for future annual report noti	ification)
For further information c	oncerning this matter, please co	all:	
RENEE CRAWFORD		at (850) 674-2995	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BAXLEY DOZER SERVICE LLC

2024 SEP -3 AM 8: 26

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA
and assigned The Articles of Organization for this Limited Liability Company were filed on DECEMBER 3, 2018 Florida document number L18000278487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAXLEY PROPERTY SERVICES LLC 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

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.

, Florida ...

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
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			□Remove
			Change
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			□Remove
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n effective date is listed, the date must be sp te: If the date inserted in this block do nument's effective date on the Departr	ecific and cannot be oes not meet the a	pplicable statut	ling or more than 90 ory filing requiren	days after filin	ig.) Pursu	ant to 60. ot be lis	5.020 ted a
ecord specifies a delayed effective date s filed.	, but not an effect	ive time, at 12:0)1 a.m. on the earl	ier of: (b)	Γhe 90th	day afte	er the
ed JULY 30	. 2024	 ·					
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Typed or printed name of signee