L18000281028

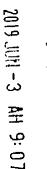
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UN -3 AH 9: 07

C. GOLDEN JUN 21 2019

COVER LETTER

SUBJECT:	BUHL E	NTERPRISES, LLC		
SOBJECT: _	 ,	Name of Lim	ited Liability Company	····
The enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspond	lence concerning this matter	to the following:	
		Bart Scovill	. Esquire	
		•	Name of Person	
		Bart Scovill	, PLC	
			Firm/Company	"
		2480 Fruits	rille Road, Suite 10	
			Address	
		Sarasota, FI	_ 34237	
		Bettina@sec		
		E-mail address: (to be used for future annual report noti	fication)
For further info	rmation con	cerning this matter, please ca	ali:	
Bart Scovill			941 365-2253 at () Area Code Daytim	
	Name of P	rerson	Area Code Daytim	e Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng Fcc	□ \$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 P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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**



2019 JUN - 3 AM 9: 07

BUHL ENTE	RPRISES, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000281028</u>	Company were filed on	December 6, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the o	designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		 .	-
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	d 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gesine Richter	2374 James Lane	
			■ Add
		Sarasota, FL 34231	
		 	□ Remove
			Change
MGR	Guntram N. Buhl	2374 James Lane	
			D Add
		Sarasota, FL 34231	
			Remove
			□ Change
AMBR	Guntram N. Buhl	2374 James Lane	
			■ Add
		Sarasota, FL 34231	
		·	Remove
			☐ Change
			
			- -
			
			Change
			5
			(1)
			Remove
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			Remove
			☐ Change

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an effe lote: I	ve date, if other than the date of filing: ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated _	May 23 Signature of a member or authorized representative of a member
	Guntram N. Buhl
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00