## L19000149557

(Requestor's Name)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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Inclosed is documents for a business name change

Included is a check

Contact information:

jim gay, cpa 3984 Manatee Ave E Bradenton, FL 34208 (941) 747-0588 | (941) 747-2569 fax www.jimgaycpa.com

Office Hours: May-January, Monday-Thursday 8am-5pm February-April, Monday-Friday 8am-5pm

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

1.1900014 SUBJECT:	49557				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jim Gay				
	<del> </del>	Name of Person			
	Jim Gay CPA				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>		
	3984 Manatee Ave E				
		Address			
	Bradenton, FL 34208				
		City/State and Zip Code	<del></del> _		
	office@jimgaycpa.com				
	E-mail address: (	to be used for future annual report n	otification)		
For further information	concerning this matter, please c	all:			
Jim Gay		941 747-0588 at ()			
Name	of Person	Area Code Dayı	ime Telephone Number		
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 Addre	<del></del>	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKULL BUTTER, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000149557</u> .	pany were filed on 06/05/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
JOSHUA GIVENS, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	- <del></del>
Trincipal Office water co 1001 DE . 101 KBE1 . 100 KBS		
		24
		= 5
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		5 OI F
		<u> </u>
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter tl</u>	he name of the new regist
agent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	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 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□ Change
			□Remove
			☐ Change
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			□Remove
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Tective date, if other than the d an effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	k does not meet the a	applicable statu	iling or more than tory filing requir	(optional) 90 days after filing ements, this dat	) g.) Pursuant to 605.0 e will not be listed	)20 <b>7</b> d <b>a</b> s
ecord specifies a delayed effective of is filed.	late, but not an effec	tive time, at 12	01 a.m. on the e	arlier of: (b) T	he 90th day after	the
SEPTEMBER 24 ted	2024	·				
	JOSHUA GIVE	ENS				
S	gnati	authorized repr	esentative of a mer	nber		