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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>BMULLEN and Ausociates LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bret J Muilenburg Name of Person BMUILEN and Associates LLC Firm/Company
3319 LOKE Harney Circle
Address
Geneva FL 32732 City/State and Zip Code 6 ret_mvilen 6 ung @ gmail. com E-mail address: (to be used for future agricular report notification)
For further information concerning this matter, please call:
Name of Person at (783) 868-7954 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BMUILEN and As	sociates L	<u> </u>		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our re- pility Company)	cords.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>人 19 数 </u>	ere filed on08/c	2/2×19	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "	LLC" or the abbrev	viation "L.l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
_				
Enter new mailing address, if applicable:	,	D S	201	
(Mailing address MAY BE A POST OFFICE BOX)		100	<u> </u>	
_			¥	
		75.77 77.77 77.77	œ	1773 1
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our reco	ords, enter the	e manue o e: □	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	ldress		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
				1 2.1 .1

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 = Authorized Member **Type of Action** Title **Name** 3319 Lake Horney Cir Geneva, FL 32732 Bret 5 Muilenburg □ Add Remove ☐ Change AMBR Bret J Muilenburg Geneva, FL 32732 **∭** Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add

☐ Remove

□ Change

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(If an effo <u>Note:</u>	ve date, if other than the date of filing:
	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.
Dated _	31 M Jaly Signature of a member or authorized representative of a member Bret J. Muilen burg Typed or printed name of signee
	A
	31 m while

Page 3 of 3

Filing Fee: \$25.00