## L 2000000 1753

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



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February 12, 2020

RANDALL HAYES PO BOX 2049 MT DORA, FL 32756

SUBJECT: BUBBA'S INK LLC Ref. Number: L20000001753

We have received your document for BUBBA'S INK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00003212

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO:

TO: Registration Division of	n Section Corporations	
SUBJECT:	BUBBAS	INK LLC
	Name of Limi	ted Liability Company
The enclosed Article	s of Amendment and fee(s) are sub-	nitted for filing.
Please return all corre	espondence concerning this matter	to the following:
	RANDA	LL L HAYES Name of Person
	Bubba's	TNK LLC Firm/Company
		E 102 PAUE RD Address
	SILUER	SPRINGS, FL 34488  City/State and Zip Code  AYES @ GMAIL - 00m  to be used for future annual report notification)
	IAMRLH E-mail address: (	AYES @ GMAIC . 0 0 m o be used for future annual report notification)
For further informati	on concerning this matter, please ca	ત્રી:
RANDALL	L HAYES	at ( 204 ) 610 - 606 5  Area Code Daytime Telephone Number
Na	me of Person	Area Code Daytime Telephone Number
Enclosed is a check (	for the following amount:	
S25.00 Filing Fe	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	Jr
D 00.45	2020 JUN - 9 PH 1:49
<u> </u>	UK LLC
(A Florida Limited (A Florida Limited)	DANY as it now appears on our records.) (Liability Company)
	· '.
The Articles of Organization for this Limited Liability Compan	y were filed on and assigned
Florida document number \( \frac{2000001753}{\}.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	
Enter new principal offices address, if applicable:	3057 NE 102 40E RD
(Principal office address MUST BE A STREET ADDRESS)	SILUER SPRINUS, FC 34488
	24488
Pater and mailing address of applicable.	SAME AS ABOVE
Enter new mailing address, if applicable:	JANNIE 113 11BUVE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registerec</u>
agent and/or the new registered office address here.	
Name of New Registered Agent:	NE 1022 AUE RO
2.72	ALE MANUE PIL
New Registered Office Address: 30.5 /	Enter Florida street address
المستور والمست	2 600,166 - 3111180

## 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.

City

f 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 Address
3057 NE 102 PH 1 There of Action

RNDALL LHYES SILVER SPRINGS; FL 34488. FAdd Title Name MUR \_\_ \_ Remove ☐ Change □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □Add □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_ □Remove \_\_\_\_\_ □Change

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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be  Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomments.	pplicable statutory	or more than 90 days afte filing requirements, thi	onal) r filing.) Pursuant to 605.0207 is date will not be listed as t	
e record specifies a delayed effective date, but not an effective date.	ive time, at 12:01 a	i.m. on the earlier of: (l	The 90th day after the	
Dated June 1, 2020.  Canalal & Jan Signature of Amember or	·			
Signature of a member or  RANDAL ( L	authorized represent	ative of a member		

Filing Fee: \$25.00