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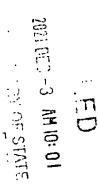
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COVER LETTER

Buda Enterprises LLC 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: Melody Buda Name of Person Buda Enterprises LLC Firm/Company 642 Verona St Address Pt Charlotte, FL 33948 City/State and Zip Code lenbuda@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melody Buda 720 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \text{S55.00 Filing Fee} \text{Certified Copy} \text{Calditional copy is enclosed)} \text{Certified Copy} Certi		of Corporations	
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: Metody Buda Name of Person Buda Enterprises LLC Firm/Company 642 Verona St Address Pt Charlotte, FL 33948 City/State and Zip Code lenbuda@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Metody Buda 720 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certificate of Status & Certified Copy (certified Copy) (certified Copy)	IP 67	Buda Enterprisès LLC	
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Melody Buda Name of Person Buda Enterprises LLC Firm/Company 642 Verona St Address Pt Charlotte, FL 33948 City/State and Zip Code lenbuda@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melody Buda Table 1	The enclos	cles of Amendment and fee(s) are submitted for filing.	
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Buda Enterprises LLC Firm/Company 642 Verona St Address Pt Charlotte, FL 33948 City/State and Zip Code lenbuda@yaboo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melody Buda at (720 202-1379 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S23.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)		Melody Buda	
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Mailing Address: Registration Section Street Address: Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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 OF

	Buda Enterpr		
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L20000028513	iability Company	were filed on 01/22/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi		ie abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	642 Verona St	
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>	Pt. Charlotte, FL 33948	
Enter new mailing address, if applicable:		642 Verona St	
(Mailing address MAY BE A POST OFFICE	BON)	Pt. Charlotte, FL 33948	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	642 Verona St		202
regimered office reduces.		Enter Florida street address	33948 ES
	Pt. Charlotte	. Florida	33948
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	į	OF 로 금
I hereby accept the appointment as register	ed agent and agr	ee to act in this capacity. I further	r agree to compre with the
r nevery accept the appointment as register	ea ageni ana agi	ee waci ii ino capacity, i jarinei	agree to comply with

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will 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>	Address	Type of Action
AMBR	Leonard Buda	642 Verona St	🗆 Add
		Pt. Charlotte, FL 33948	□Remove
			■ Change
AMBR	Melody Buda	642 Verona St	□Add
		Pt. Charlotte, FL 33948	□Remove
			Change
	-		□Add
			□Remove
			□Change
			□Add
			□Remove
		·	□ Change
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			□Add
			□Remove
			□ Change

an effective [ote: If the	ate, if other than the date of filing:
record spec is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	November 30 2021
<u>.</u>	Signature of a member of authorized representative of a member
	Metody Buda
_	Typed or printed name of signee

Filing Fee: \$25.00