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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

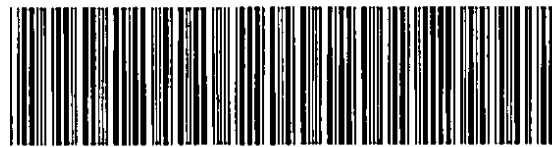
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Special Instructions to Filing Officer:

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2020 DEC 21 PM 5:36  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

X. SALY

DEC 21 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2020

JAMES W. BUZZARD LLC  
JAMES W. BUZZARD  
372 SW PATHFINDER GLEN  
FORT WHITE, FL 32038

SUBJECT: JAMES W BUZZARD LLC  
Ref. Number: L20000195599

We have received your document for JAMES W BUZZARD 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 document submitted is incomplete missing two pages. Enclosed are the missing pages for your convenience. Please complete any changes needed on these pages and sign the last page and return to our office. Return pages even if there are no changes on that page.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 020A00023459

*I'm changing name of business to  
B & W Home Solutions LLC.  
James W. Buzzard*

**RECEIVED**  
DEC 21 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES W BUZZARD 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:

JAMES W BUZZARD  
Name of Person

JAMES W BUZZARD LLC  
Firm/Company

3712 SW PATHFINDER GLEN  
Address

FORT WHITE, FL 32038  
City/State and Zip Code

hollywilson660@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES W BUZZARD at (941) 592-6735  
Name of Person Area Code Daytime 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
OF

JAMES W BUIZZARD LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/08/2020 and assigned

Florida document number L20000195599.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B3W HOME SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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**

FILED

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### Type of Action

CLARK COUNTY STATE  
TALLAHASSEE, FLORIDA

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

2000 DEC 21 PM 11:11  
SECRET  
TALLAHASSEE  
FBI

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2020 DEC 21 PM 5:36  
TALLAHASSEE, FLORIDA

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 16, 2020

Signature of a member of authorized

JAMES W. BUZZARD

Typed or printed name of signee