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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Supremer Buga	SIEL DUE LLC		
SUBJECT:O KOK	SIELOVE, LLC Name of Lim	ited Liability Company	
The angloced Articles of	Amendment and fee(s) are sub	mitted for filing	
		·	
Please return all correspo	ndence concerning this matter	to the following:	
	KRISTA G	Name of Person	
	C/O BUGGIE LOU	Firm/Company	
	12523 SAG	EWOOD DRIVE	
		Address	
	VENICE	/FLORIDA/34293 City/State and Zip Code	
		City/State and Zip Code	.
	Bu661E E-mail address: (LOVELLC @ GMAIL. to be used for future annual report not	COM illication)
For further information co	oncerning this matter, please ca	ilt:	
KRISTA GOL	MAN	at (<u>941</u>) <u>380.7</u> Area Code Daytin	767
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 Addres		Street Address:	action
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, F	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CERTIFICATION OF CHARGE OF CHARGES OF CHARGES

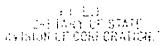
21 MAR 29 PH 12: 30 BUGGIELOVE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/01/2021}{2021}$ and assigned Florida document number _ L21000098468 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address ____, Florida ___

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>	Address 21 MAR 29 PM 12: 30	Type of Action
MGR	KRISTA GORMAN	12523 SAGEWOOD DRIVE VENICE, FL 34293	XAdd
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tlf an effe Note:	ve date, if other ective date is listed, t If the date inserted ent's effective date	he date must be sp I in this block do	ecific and ca ses not mee	mnot be prior to at the applicat	date of filing or	more than 9	0 days after filing)) Pursuant to 605,0207 (e will not be listed as t
he record ord is file		ed effective date.	, but not an	effective tim	e, at 12:01 a.n	n, on the ea	rlier of: (b) Tl	he 90th day after the
	03/24/20	21	· .		_ ·			
Dated _								
Dated .		Krista Ro	nha					
Dated _.		Krista So	appearance	mber or author	zed representati	ve of a mem	ber	