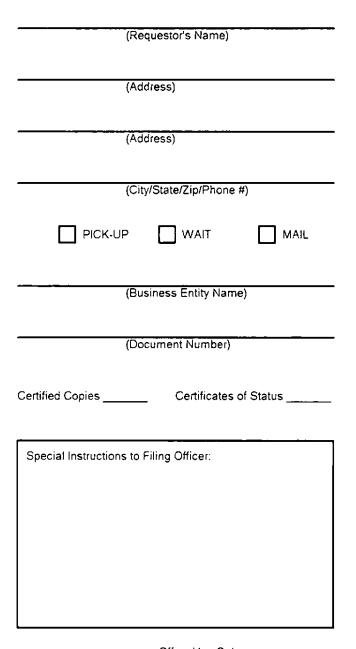
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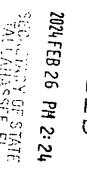


Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			·, .	
subject: <u>A</u> 3	uyers CHOICE Name of Lin	Home Fustations/	Bradonton	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Todd a. M	Name of Person		
		CHOICE / BCAJENT		
	900 9TH Ave	EAST. Lot	79	
	Palmetro	F. 34221 City/State and Zip Code		
	Todd . M D A	Buyens CHaice ICom to be used for future annual report noti	lication)	
For further information e	oncerning this matter, please c	all:		
Todd a Macsisak Name of Person		at (941) 559-4251 Area Code Daytime Telephone Number		
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	artico.	
Registration Section Division of Corporations		Registration Section		
P.O. Box 632	•	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Buyens CHOICE HO	ne INSPECTIONS / BCalcedion  in as it now appears on our records.)  inability Company)
(A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>L2/000 3378 93</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	LLC.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	B 2
	ACCEPTED D
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N (N	
Name of New Registered Agent:	
New Registered Office Address:	Shart Morida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

company has been notified in writing of this change.

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

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an effect <u>ote:</u> If	e date, if other than the date of filitive date is listed, the date must be specific a the date inserted in this block does not it's effective date on the Department of	ind cannot be prior to o t meet the applicabl	late of filing or more that	i 90 days after liling.) Pur	suant to 605,0207 (not be listed as t
	specifies a delayed effective date, but no l.	ot an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
is filed					
	02/19/2024	_· -			
	02/19/2024  Corld 4 Nignature of	nacual			

Filing Fee: \$25.00

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>	Name	<u>Address</u>	Type of Action
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