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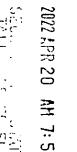
| (Re                     | equestor's Name)   | <u> </u>     |
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|                         |                    |              |
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| <b>—</b>                |                    |              |
| ☐ PICK-UP               | WAIT               | MAIL         |
| (9.                     | isiness Entity Nan |              |
| 00)                     | isiness Entity Nan | ne,          |
| (Do                     | ocument Number)    | <del> </del> |
|                         |                    |              |
| Certified Copies        | _ Certificates     | s of Status  |
|                         |                    |              |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
|                         |                    |              |
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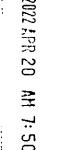
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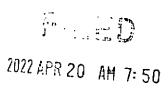
## **COVER LETTER**

| TO:            | Registration Se<br>Division of Cor |  |  | •  |
|----------------|------------------------------------|--|--|--|
| SUBJE          | Breakdown                          | Buddys LLC   |  |  |
| SODSE          | C1                                 | Name of Lim  | ited Liability Company   |  |
|                |                                    | Amendment and fee(s) are sub<br>indence concerning this matter |  |  |
|                |                                    | Jessica M Dozier   |  |  |
|                |                                    |  | Name of Person   |  |
|                |                                    | Breakdown Buddys LLC   |  |  |
|                |                                    |  | Firm/Company   | <del></del>  |
|                |                                    | 2941 Galaxy Lane   |  |  |
|                |                                    |  | Address  |  |
|                |                                    | Lakeland, FL 33801   |  |  |
|                |                                    |  | City/State and Zip Code  |  |
|                |                                    | Breakdownbuddieslle@gm   |  | <u> </u>   |
| For furt       | her information c                  | oncerning this matter, please c                                | to be used for future annual report notifiall:                   | ication;   |
| Jessica !      | M Dozier                           |  | 863 913-4462<br>at ( )   |  |
|                | Name o                             | f Person   | Area Code Daytime  | e Telephone Number   |
| Enclose        | d is a check for th                | ne following amount:   |  |  |
| <b>≅ \$</b> 25 | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status                   | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Mailing Address                    |  | Street Address   |  |

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



Breakdown Buddys 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 Li       | ability Company were filed on 10/12/2021               | and assigned                   |
|--|--|--------------------------------|
| Florida document number L21000445645                   | ·  |                                |
| This amendment is submitted to amend the following     | owing:   |                                |
| A. If amending name, enter the new name of             | the limited liability company here:                    |                                |
| Breakdown Buddies LLC                                  |  |                                |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic         | able:  | <u>.</u>                       |
| (Principal office address MUST BE A STREE              | T ADDRESS)   |                                |
|  |  | <del></del>                    |
|  |  |                                |
| Enter new mailing address, if applicable:              |  |                                |
| (Mailing address MAY BE A POST OFFICE)                 | <u></u>  |                                |
|  | ·  | <u> </u>                       |
| R. If amonding the registered agent and/or r           | egistered office address on our records, enter         | the name of the new registers. |
| agent and/or the new registered office address         | •  | the name of the new registered |
|  |  |                                |
| Name of New Registered Agent:                          |  |                                |
| New Registered Office Address:                         |  |                                |
| New Registated Office Address.                         | Enter Florida street addres                            | s                              |
|  | , Fl   | orida                          |
|  | 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

| <u>Title</u> | <u>Name</u>     | Address | Type of Action |
|--------------|-----------------|---------|----------------|
| MGR          | Laura Blaisdell | N/A     | ■Add           |
|              |                 |         | □Remove        |
|              |                 |         | ŪChange        |
|              |                 |         | □Add           |
|              |                 |         | Remove         |
|              |                 |         | ☐Change        |
|              |                 |         | □Add           |
|              |                 |         | Remove         |
|              |                 |         |                |
|              |                 |         | □Add           |
|              |                 |         | □Rетюче        |
|              |                 |         | □Change        |
| •            |                 |         | □Add           |
|              |                 |         | Remove         |
|              |                 |         | □Change        |
|              |                 |         | □Add           |
|              |                 |         | □Remove        |
|              |                 |         | □ Change       |

| our business decisions and needs   | s to be added as a MGR of the company as well.   |
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| ective date, if other than the da  | ate of filing:   |
| n effective date is listed, the date must be<br>te: If the date inserted in this block | e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.<br>k does not meet the applicable statutory filing requirements, this date will not be liste |
| cument's effective date on the Depa  |  |
|  |  |
| · · · · · · · · · · · · · · · · · · ·  | late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   |
| is filed.  |  |
| April 18th   | 2022   |
| ted //   | <del></del>  |
|  | <b>∽</b>   |
| CA I Vacan   | gnature of a member or authorized representative of a member   |