L21000495365

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(Re	questor's Name)	
(Ad	ldress)	
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	ty/State/Zip/Phone	-
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	isiness Emily Wall	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	į

Office Use Only



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COVER LETTER

TO:	Reg Divi	istration Sec sion of Corp	tion porations		
SUBJ	JECT:		Name of Lim	ited Liability Company	
Pleas	e return	all correspon	idence concerning this matter	to the following:	
	Fire Please return all correspondence concerning this matter to the following: BJ Cottrell				
				Name of Person	
			Cottrell Tax & Accounting	g, LLC	
				Firm/Company	
			5147 Castello Drive		
				Address	
			Naples, FL 34103		
				City/State and Zip Code	
					
			E-mail address: (to be used for future annual report notif	ication)
For fi	urther in	formation co	ncerning this matter, please ca	all:	
влс	ottrell			at ()	
		Name of	Person	Area Code Daytime	: Telephone Number
Enclo	sed is a	check for the	e following amount:		
■ \$	25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tyler Butcher LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
ne Articles of Organization for this Limited orida document number <u>L21000495365</u>	Liability Company were filed o	on 11/17/2021 and assigne
is amendment is submitted to amend the fo	lowing:	
If amending name, enter the new name	of the limited liability compa	ny here:
yler James Butcher, LLC		
e new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation L.L.C.
nter new principal offices address, if appl	cable:	三 三
rincipal office address MUST BE A STRE	ET ADDRESS)	
iter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE	: BOX)	2: 8
If amending the registered agent and istered agent and/or the new registered of	office address here:	ss on our records, enter the name of t
Name of New Registered Agent:	Cottrell Tax & Accounting,	LLC
New Registered Office Address:	5147 Castello Drive	
	Ent	er Florida street address
	Naples	Florida 34103
	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
			Add
			Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to e statutory filing requirements, this date will not be	605.02 listed
record specifies a delayed effective date, but not a the 90th day after the record is filed.	n effective time, at 12:01 a.m. on the ea	arlier
ed May 9th 2022	,	
		
Signature of a member or authorize	Community -	_

Page 3 of 3

Filing Fee: \$25.00