## 122000096007

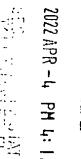
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

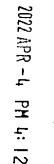
Office Use Only



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cf 4/18/2022

## **COVER LETTER**

SUBJECT:	Bush fi		LLC
	Name of Limite	d Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Christo	Mame of Person	<u> </u>
	CC Bush	Financial Grou	PLLC
	2306	Kaley Ridge Rd	<del></del>
	Clen	MM FL 34715 City/State and Zip Code	
	E-mail address: (10	bush & nm - cun be used for future annual report notification)	<u>.                                    </u>
For further information cond	cerning this matter, please cal	l:	
O a i o lina Name of Pe	Duni +	at (907) 325 ·· Co Area Code Daytime Teleph	One Number
Enclosed is a check for the	following amount:		/
□ \$25.00 Filing Fee	S30.00 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)

TO:

Registration Section Division of Corporations

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

FLED

2022 APR -4 PM 4: 12

(Name of the Limited Liability Co	mpany as it now appears on our	records) SECR. IN STATE
The Articles of Organization for this Limited Liability Comp.	any were filed on $0.2/2$	$\frac{3/2022}{}$ and assigned
Florida document number <u>L2200096007</u>		·
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited		LL C"
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
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 here:	īce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
-		Florida Zin Code
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			☐ Remove
			□Change
			□Add
			□Remove
			Change
	<u></u>	<del></del>	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

## Page 2 of 3

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l'an éile <u>Note:</u>	we date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	3/18/27
	Signature of a member or authorized representative of a member
	Christopher Jon Bush Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00