KZZ 000103115

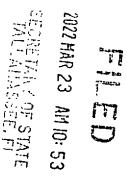
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A. BUTLER APR 07 2022

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Robert's Tool	Co., LLC	
Name of I	imited Liability Company	_
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat-	ter to the following:	
Robert	NIXON Wallace Name of Person	
Roberts	Tool Co. LLC Firm/Company	
145 Jame	s Jackson Road Address	_
Havana,	FL 32333 City/State and Zip Code Ada yahov. um s: (to be used for uture annual report notification)	_
<u> Mabrysa</u> E-mal addres	lad (a) yahov. com s: (to be used for uture annual report notification)	_
For further information concerning this matter, please	e call:	
Robert Wallace	at (850) 510 9017	
Name of Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy and copy is enclosed)
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

. .

FILED

da Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>**0**</u> 2 Florida document number L22000103115. 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 City 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>	Name	Address	Type of Action
MGR	Robbic V Weaver Wallace	145 James Jackson Rd	🗆 Add
		145 James Jackson Rd Havana, FL 32333	Y Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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Note:	ive date, if other than the date of filing: 03/20/2072 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recor cord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	March 20 2022
	Signature of a member or authorized representative of a member
	Robert N Wallace