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| (Re | equestor's Name) | |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FL

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April 8, 2022

MADINA HERNANDEZ 983 RAMBLEWOOD DR CORAL SPRINGS, FL 33071

SUBJECT: BUDERFLY GARDEN LLC

Ref. Number: L22000104601

We have received your document for BUDERFLY GARDEN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00008173

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

RECEIVED

| TO: | Registration Section | | | |
|-----|--------------------------|--|--|--|
| | Division of Corporations | | | |

2022 APR 28 AM 7: 36

| SUBJECT: | Byderfly | Garden | LLL | SECHTALLARASSES LATE |
|----------|----------|------------|---------------------|----------------------|
| | | Name of Li | mited Liability Com | ipany |

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madina Hernandez

Name of Person

Budertly Garden LLC

Firm/Company

983 famblewood brive

Address

CCVAI Springs F1 33071

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madina Hernan at 2 at (asu) 536 - 4451

Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| | 24. 20 | 1. 1 | r | ے اس م | | | |
|---------------------|---|-----------------|---------------|--------------------------|---|---|-----------|
| 1. Na | me of the limited liability company: BUCERF | 14 | | | | | |
| 2. (a) | a83 Ramslewood Drive | _ | (b) | 983 | Rambiewa | od drive | |
| | Principal office address of limited liability company: | _ | | | Mailing address of limite | ed liability company: | _ |
| | (Note: MUST BE STREET ADDRESS) CORAL Springs fl.3307 | | | 0 .00 | (Note: MAY BE POS | | |
| | CORAL SPRINGS +1,330+1 | _ | - | CORa | 1 Springs | _ FL,330 | 71 |
| | | _ | _ | _ | | | |
| | 3/4/22 | | | -22C | 001046 |) () (| |
| 3. | Date of filing/registration in Florida | 4. | | | Document number | | |
| 5. (a) | Legal Zoom | | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the | e Flor | ida D | ept. of State | - ∷ | | |
| | 5575 South Semoran | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRI: | :SS) | | - | | |
| | 514:36 | | | | | S 2 | |
| | Orlando, F1 32922 .FL | | | | - | SECRETARY OF STALLAHASSEE, | |
| | UTIONUUTEL SLOLE FL | | | | - | 后至 第 | , |
| (b) | madina Hernandez | | | | | 28 FA | , [|
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office | addr | <u>ess</u> : | - | An Ssi | |
| | add for a decourt day | | | | | Y OF STAT | ŗ ' |
| | 4 93 Ram Buderfly Garden L | 10 | | | - | 프롤 # | - |
| | NEW Registered Office Address: | | | | | m | |
| | 983 Ramblewood Drive. + | | | _ | - | | |
| | CORAL SPRINGS | 22 | | J- 1 | | | |
| | .FL_ | つつ | , <u>U</u> | ' | - | | |
| If the li | mited liability company is not organized under the laws | s of th | he Si | ate of Flo | orida, it is hereby con | nfirmed that after | the |
| agent w | or changes are made, the Florida street address of the rail be identical. Or, in the case of a Florida limited liab | oility | com | pany, it is | hereby confirmed t | that the change(s) | |
| | re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li | | | | | erwise provided i | n |
| Mo | iding Hemoineles | | ιλ | acting | a Hernana | dez | |
| | ure of a member or authorized representative of a member | - | | <u> </u> | Printed or typed name | of signee | |
| I herel provisi | y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p | e to a erfor | ict in man | this capa | icity. I further agree luties, and I am fam | e to comply with t | he ent |
| the obli to mere | ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he | főr ir ereby | i Che | aptér 605. Irm that t | .F.S. Or, if this doc he limited liability o | cument is being fit company has been | led i |
| поприев | in writing of this change, I a | • | , | | | , , , | |
| | ding Homewalt | | | | | | |