LAZ 000190539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cla 3/28/2022

COVER LETTER

TO: Registration Sec Division of Corp					
L&D Bailes					
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	Duke Bailes				
		Name of Person			
		Firm/Company			
	529 NW 84th St				
		Address			
	Gainesville, FL 32607				
		City/State and Zip Code			
	leebailes@gmail.com	to be used for future annual repo	ort notification)		
For further information c	concerning this matter, please co		·		
Duke Bailes		352 219 78			
Name o	of Person	Area Code I	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		<u>Street Addr</u> Registratio	r <u>ess:</u> on Section		
Registration Section Division of Corporations		Division of Corporations			

P.O. Box 6327

Tallahassee, FL 32314

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

L&D Bailes LLC

2022 JUN 13 AM 7: 36

(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 Liability Company were filed on April 21, 2022 and assigned Florida document number _______1,22000190539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Short Tail LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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.

City

_, Florida _

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	Lee A. Bailes	27 NW 36th Dr. Gainesville, FL 32607	≣ ∧dd
			Remove
			□Change
MGR	Danielle N. Bailes	27 NW 36th Dr. Gainesville, FL 32607	= Add
			□ Remove
			□Add
			□Remove
			□ Change
			□Remove
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			🗆 🗆 🖊 🗖 Add
			
			□Change
			□Add
			□ Remove
			Change

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ective date, if other than to effective date is listed, the date in this furnent's effective date on the	nust be specific and canr block does not meet	the applicable:	te of filing or more t statutory filing re	han 90 days after f quirements, this	iling.) Pursuant to 605	.020 ed a
cord specifies a delayed effec s filed.	tive date, but not an e	effective time, a	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	r the
ed June 10th	, 20	022	_			
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