

L22600271681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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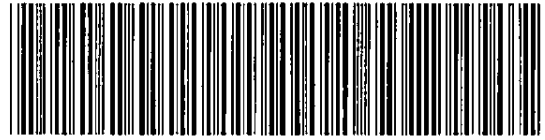
(Business Entity Name)

(Document Number)

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2025 APR 30 PM 3:29
CLERK OF STATE
TALLAHASSEE, FL

Karl-Hans Smith, Kaethe-Kolwitz-Ring 46, 84030 Ergolding, Germany

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Registration Section
Division of Corporations
P. O. Box 6327
TALLAHASSEE, FL 32314
USA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Butler LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karl-Hans Smith

Name of Person

Firm/Company

1910 SW 25th St

Address

Cape Coral, FL 33914

City/State and Zip Code

info@floridabutler.com

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

For further information concerning this matter, please call:

Karl-Hans Smith

Name of Person

at (239)

Area Code

355 0791

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2025 APR 30 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FL

Florida Butler LLC

(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 06/14/2022 and assigned
Florida document number 122000271681.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2220 Logan Blvd N, Ste 806, PMB 1010

Naples, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2220 Logan Blvd N, Ste 806, PMB 1010

Naples, FL 34119

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, Florida

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

[illegible]

2023
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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SECRETARY OF STATE
TALLAHASSEE FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 04/08 2025

Typed or printed name of signee

Filing Fee: \$25.00