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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSES TATE

DEC 31 3033



# zenbusiness

Aug 26, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Buddy Enterprises LLC

To Whom It May Concern:

Attached please find the executed <u>ARTICLES OF AMENDMENT</u> for the above referenced. Please review and file the attached document on a routine basis. Please note that this document signed with a conformed signature.

#### PLEASE DO NOT INCLUDE THIS COVER PAGE IN THE FILING EVIDEN

Once completed please forward the filed confirmation or notification to the address liste below:

ZenBusiness Inc Attention: Jenny C. 336 E College Ave, Ste 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Jenny C.

ZenBusiness Customer Success

## **COVER LETTER**

TO: Registration So Division of Cor				
	erprises LLC			
SUBJECT:	Name of L	imited Liability Company		
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for tiling.		
Please return all correspo	ondence concerning this matt	er to the following:		
	Jenny C.			
	-	Name of Person		
	ZenBusiness Inc.			
		Firm/Company		
	336 E Gollege Ave, Ste	301		
		Address	 	202
	Tallahassee, FL 32301		ALLA	2022 SEP -6 PM 1:
		City/State and Zip Code		-6 +
	E-mail address	: (to be used for future annual report not	fication)	<u> </u>
For further information of	concerning this matter, please	call:	75	: 3 <b>9</b>
Jenny C.		844 493-6249	7.1	w
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Fer Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T	rporations	
rananassee,	ا المنسلي دا ا	Tallahassee, Fl.		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

buddy ninciprises Life		
(Name of the Limited I	<u>liability Company as it now appears on our</u> Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 06/20/2022	and assigned
This amendment is submitted to amend the followi	ng;	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e;	
(Principal office address MUST RE A STREET A	ADDRESS)	<u> </u>
		DZZ SEP ECRETI TALLA
Enter new mailing address, if applicable:		ARA -
(Mailing address MAY BE A POST OFFICE BO	X)	SSC TO TA
	. <u></u>	
		72 3
B. If amending the registered agent and/or regis	stered office address on our records,	enter the name of the new register
agent and/or the new registered office address h	<u>ere</u> :	
Name of State Design and Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
	mer room sires	
-	City	, FloridaZip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	·
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the regroup any has been notified in writing of this characters.	gent and agree to act in this capacity and complete performance of my dut red agent as provided for in Chapter istered office address. I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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> <u>Name</u> Address Type of Action MGR Jon Anderson MD 1684 Fisherman Dr. ■Add Carlsbad, CA 92011 \_\_\_\_\_ 🗆 🗀 Add □Remove \_\_\_\_\_ □ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change DAdd \_\_\_\_\_ □Remove \_\_\_\_\_\_ 🗀 Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change

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Note: If	the date inserted in this	be date of filing:
the record s cord is filed		live date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated A	ugust 26	2022
	/s/ Rene C Anders	
		Signature of a member or authorized representative of a member
	Rene C Anderson	
		Typed or printed name of signee

Filing Fee: \$25.00