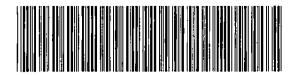
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Office Use Only



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LLC N/C Amena



A. RAMSEY NOV 20 2024

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		- Remould an ted Liability Company	d Haulius Services, L
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	John	B. RICE	
		Name of Person	
	BED'S Jur	K Lerrougland 1 Finn/Company	Louling Services, CLC
	2020 Caor	-et L	
	Cleurus	Gity/State and Zip Code  GSUNK Remount o be used for future annual report notifi	1
	Swes & b E-mail address: (to	d550nk Remould obe used for future annual report notifi	eation)
For further information co	oncerning this matter, please ca		
Sevo Name o	B. Rice	at (777) 744  Area Code Daytime	3113 Talahan Number
Name 6.	reison	Area Code Dayume	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$3 \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

**OF** 

2024 OCT 29 PM 12 55

(Name of the Limited Liability Company as it now appears on our records.) 5511 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on $\frac{2/23/33}{}$ and assigned	
Florida document number <u>L22000 415861</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
Bebls Site Sen	inces, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit		_
Enter new principal offices address, if applicable:	Same	
Principal office address MUST BE A STREET ADDRESS)	Same 2020 Coronet Ln.	_
Trucipal Office address Prost DE A STREET ADDRESSY	Crewate- \$133764	_
Enter new mailing address, if applicable:	Sauce	_
Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered office a	nddress on our records, <u>enter the name of the new regist</u>	ered
agent and/or the new registered office address here:		
Name of New Registered Agent:	No Changes	_
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	_
	, Florida	
	, Florida	_
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>	<u>Name</u>	Address	Type of Action
NIC	No Charges	No Changer	□ Add
			□Remove
			□ Change
			□Add
			□Remove
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an effect iote: If	edate, if other than the date of filing:
record : l is filed	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 l.
ated	10/22 3024
	Signature of a member or authorized representative of a member
	John B. Rice Typed or printed name of signce

Filing Fee: \$25.00