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COVER LETTER

TO: Registration S Division of Co			
SHANE SHANE	AND TAYLOR BUA, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RUTH TAYLOR MERIT	r	
		Name of Person	
		Firm/Company	
	1070 13TH STREET N		
	NAPLES, FL 34102	Address	
		City/State and Zip Code	
	TAYLORMERITT@GMA E-mail address: (IL.COM to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
RUTH TAYLOR MER	rrr	415 637-7519 at ()	
Name	of Person	at () Area Code Daytim	e 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 Addre Registration Division of 0 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHANE AND TAYLOR BUA, 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 11/10/22 and assigned Florida document number <u>L22000483736</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RUTH TAYLOR MERITT BUA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NO CHANGE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NO CHANGE 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:

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

Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			☐Change
			□Remove
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Effective date, if other than the date of filing:	_	
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