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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Big foot Fi	I Carms LLC uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person	<u>m5</u>	
	Bigfoot	FireCompany	<u>C</u>	(<u>(-</u> `
	244 Tom	Martin Rol Address		
	Defuniak higfootfiren E-mail address:	City/State and Zip Code 1 3 1 C GAPA!. Coto be used for future annual report notif	31433 Comication)	
For further information co	oncerning this matter, please c	at (<u>850_)305</u>	- 1969 Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Addres	s:	Street Address:		

Registration Section
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

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Lia	OF Fire Company as It rida Limited Liability	Q/M5 (now appears on o	ur records.			
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 "LLC." 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liabilit Florida document number	y Company were:	filed on <i>Ò/</i>	-17-23) and	assigned	ì
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	This amendment is submitted to amend the following	;					
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of the l	imited liability co	ompany here:				
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	-	Limited Liability Con	npany," the designa	tion "LLC" or the ab	breviation	"L.L.C."	
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	•		 	77 J E. SUI , 1 J E. ALES		`	
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Name of New Registered Agent: New Registered Office Address:		· 		······	τ. τ. :	ن.	
New Registered Office Address:			s on our record	s, <u>enter the nam</u>	e of the i	new regi	istered
	Name of New Registered Agent:		······································				
Enter Florida street address	New Registered Office Address:						
			Enter Florida str	eet address			
, Florida			,	, Florida			
City Zip Code New Registered Agent's Signature, if changing Registered Agent:			ψ.		Zip Co	de	

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 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 Title Type of Action <u>Name</u> Shawn Williams 244 Tom Martin Rd Andd

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic. If the date inserted in this block does not meet the applicable statutory filing turnent's effective date on the Department of State's records.	ng requirements, this date	.) Pursuar : will not	nt to 605.020 be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the earlier of: (b) Th	ne 90th d	lay after th
ud April 4 2023.			