123000040528

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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November 16, 2023

TO: Registration Section,

Division of Corporations

Re: Buhler Holdings LLC / Buhler Inverness Holdings LLC

To whom it may concern:

Please find the attached forms to amend Articles of Organization. If you have any questions or concerns, please contact me at:

WAYNE BUHLER

1645 West Main Street

Inverness, FL 34450

352-228-9632

Email: Waynebuhlerc21@gmail.com

Thank you for your help in this matter.

2023 NOV 20 PHI2: 45

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Buhler Hol			
	Name of Lim	ited Liability Company	
	A day and foo(a) are sub	mittad for liting	
	Amendment and fec(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Wayne Buhler		
		Name of Person	20
)23 N		
		Firm/Company	
	1645 W. Main St		0
		Address	
	Inverness, FL 34450		2023 NOV 20 F:112: 45
		City/State and Zip Code	
	waynebuhlerc21@gmail.co		
		to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please c		
Wayne Buhler		352 228-9632 at () Area Code Daytime Te	
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	on
Division of C		Division of Corpor	rations
P.O. Box 632		The Centre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buhler Holdings LLC		
(Name of the Limited Liability (A Florida).	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L23000040528	mpany were filed on 01/23/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Buhler Inverness Holdings LLC		20
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L'E"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	20
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	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

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
AMBR	Wayne Buhler	1645 W. Main St	□Add
		Inverness, FL 34450	□Remove
			—————————————————————————————————————
MGR	Veronica Buhler	1645 W. Main St	
		Inverness, FL 34450	■Remarke
			Remarke 23 RO
			□Add □ □ □ □ Refigeve
			□Change
			□Add
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			□Add
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Add EIN #93-4-	113893	=							
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ffective date, if oth	er than the date	of filing:	not be prior to	a date of filing	or more than	(opt	ional) r Gling) l	oursuant to	605.0207
Note: If the date inse	rted in this block d	oes not meet	the applica-	ble statutory	filing requi	rements, th	is date w	ill not be	listed as
locument's effective of	late on the Departi	nent of State	's records.						
record specifies a de	layed effective date	e, but not an o	effective tin	ie, at 12:01 a	a.m. on the	earlier of: (b) The	90th day	after the
d is filed.									
		2	023						
November 15		; <i>/_</i> _	~	_ •					
Dated November 15									
Dated November 15		\sim							
Dated November 15	Signa	nturé of a morti	ber or author	ized represen	tative of a me	mber			_

Filing Fee: \$25.00