

L23000040528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

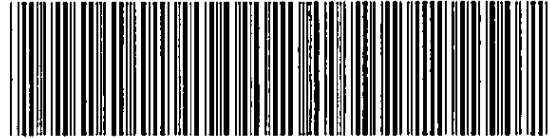
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sent email- 1/25/24

Office Use Only



700419223977

11/20/23--01025--012 **25.00

2023 NOV 20 PM 12:45

FILED

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 PM 12:45

RECEIVED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Buhler Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Buhler

Name of Person

Buhler Inverness Holdings LLC

Firm/Company

1645 W. Main St

Address

Inverness, FL 34450

City/State and Zip Code

waynebuhlerc21@gmail.com

E-mail address: (to be used for future annual report notification)

2023 NOV 20 PM 12:45

For further information concerning this matter, please call:

Wayne Buhler

352 228-9632
at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Wayne Buhler	1645 W. Main St	<input type="checkbox"/> Add
		Inverness, FL 34450	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Veronica Buhler	1645 W. Main St	<input type="checkbox"/> Add
		Inverness, FL 34450	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 20 6:12:45

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add EIN #93-4413893

2023 NOV 20 PM 12:46

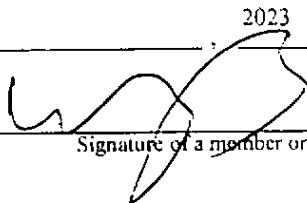
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 15, 2023



Signature of a member or authorized representative of a member

Wayne Buhler

Typed or printed name of signee

Filing Fee: \$25.00