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(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

Division of Cor	porations		•
SUBJECT: <u>BU</u>		UDY SERVICES ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edgar MA	Name of Person	
	BW. WATER	HANNY SERVICE	25 LLC
	5315 Ange	LO CIZ Address	
	SEBRING F. MAISOVET_E E-mail address:	City/State and Zip Code Code	Com fication)
For further information c	oncerning this matter, please c	all:	
Edgar M Name o	ALSON ET FPerson	at (<u>917)</u> 808 1 Area Code Daytim	D299 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 3-14-2024 and assigned Florida document number L23000087124 This amendment is submitted to amend the following: 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 "L.L.C." 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 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.

f 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>	Name	Address	Type of Action
	Corporation agents in	K 476 RIVERSIDE AUE	🗆 Add
		Address K. 476 RIVERSIDE AUT VACKSON VILLE, FL 32202	Remove
			□Change
			□Add
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	ate, if other th	nan the date of date must be speci	s not meet the	e prior to date of t applicable statu	liling or more than	(option: 90 days after fili ements, this da	al) ing.) Pursuant to 605 ate will not be list	5.0203 ed as
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ocument's	e date inserted in effective date o	effective date, b	out not an effec	cords. tive time, at 12:	esentative of a mea		The 90th day afte	r the