L 23 000 266051

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Confidence of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp			
	A HOSE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DOUGLAS FOSS		
	2 GUYS & A HOSE	Name of Person	
	2497 CREEKFRONT DR	Firm/Company	
		Address	
	GREEN COVE SPRINGS.	FL 32043	
	DFOSS78@YAHOO.COM	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information co DOUG FOSS	oncerning this matter, please ca	all: 904 625-3649	
	Fals		
Name of	Person	at ()	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Se	ection
Division of Co		Division of Co	
P.O. Box 632	-	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 GUYS & A HOSE LLC

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(Name of the Limited Liability (A Florida I	Company as it now app Limited Liability Compan	ears on our record	<u>is.</u>)
The Articles of Organization for this Limited Liability Co	, ,	•	and assigned
Florida document number 1.23000266051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	ne designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter i	Florida street addres	3
	City	, FI	orida Zip Code
	77.W		•

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

Title .	<u>Name</u>	Address	Type of Action
MGR	DOUGLAS FOSS, SR	1818 CR 209B GREEN COVE SPRINGS, FL 32043	
			🗆 Add
			□Remove
		DOUGLAS FOSS, JR	
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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fective date, if other	than the date of fili	ng:		(optional) 90 days after filing.) Pursuant to	
in effective date is listed, t	he date must be specific a	nd cannot be prior to da	ate of filing or more than	90 days after filing.) Pursuant to ements, this date will not be	605.0207 (
	e on the Department of		statutory thing requir	chients, this date will not be	nsieu as i
ecord specifies a delay	ed effective date, but no	ot an effective time.	at 12:01 a.m. on the e	arlier of: (b) The 90th day:	after the
is filed.				• • • • • • • • • • • • • • • • • • • •	
09/25/2023		2023			
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Typed or printed name of signee