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06/11/24--01039--006 **25.00



COVER LETTER

TO:	Registration S Division of Co			
CUBIE		Bus Ventures		
SUBJEC	_I:	Name of Lin	nited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	oondence concerning this matter	to the following:	
		Courtney Buchan		
			Name of Person	
			Firm/Company	
		1240 Blanding St		
			Address	
		Starke, FL 32091		
		csheffield128@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please c		• ,
			at ()	e Telephone Number
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for	the following amount:		
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration Sec	etion
	-	Corporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Struggie Bus Ventures, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recor- nited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Completion document number L23000294483	pany were filed on 6/19/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:	N/A	2021 TALL
Mailing address MAY BE A POST OFFICE BOX)		
		The state of the s
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter</u>	the name of the new registere
gent and/or the new registered office address here:		3 3 9
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addre.	77.7
		lorida
	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 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	Courtney Kelly	1240 Blanding St	
		Starke, FL 32091	□Remove
		Change to: Courtney Buchan	■ Change
			□Remove
			□Change
			□Remove
			Change
			⊡Add
			□Remove
			Change
			□Add
			Remove
			□ Change
		 	□Add
			□Remove
			□Change

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Filing Fee: \$25.00