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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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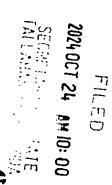
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RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 720498 4802897

AUTHORIZATION

COST LIMIT : 5 25.00

ORDER DATE: October 23, 2024

ORDER TIME : 10:40 AM

ORDER NO. : 720498-005

CUSTOMER NO: 4802897

### DOMESTIC AMENDMENT FILING

NAME: STRUGGLE BUS VENTURES L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## **COVER LETTER**

TO:

то:	Registration Se Division of Cor			
C1215 11	· cep	STRUGGLE BUS	S VENTURES L.L.C.	
SUBJI	.c.:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ŀ	Kimberly Redmond	
			Name of Person	<del></del>
		G	arfunkel Wild, P.C.	
			Firm/Company	
		350 Be	edford Street, Suite 406A	
		<del></del>	Address	
			Stamford, CT 06901	
			City/State and Zip Code	
		kredmond@garfunkelwild.c	com	
		E-mail address: (	to be used for future annual report no	tification)
For fur	ther information co	oncerning this matter, please ca	all:	
Kimbe	rly Redmond		203 399-0514	
	Name o	f Person		ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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 Addres Registration S	Section	Street Address: Registration Se	
	Division of C		Division of Co The Centre of	
	P.O. Box 632 Tallahassee, I			t ananassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRUGGLE	BUS VENTURES L.L.C.	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{-06/19/201}{1}$	23 and assigned
Florida document number L23000294483	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>N/A</u>	
(Principal office address MUST BE A STREET ADD)	RESS)	7024 TALL
Enter new mailing address, if applicable:	N/A	FILE OCT 24 A
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the mame of the new register
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida stree	t address
	City	, Florida

### 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	STANLEY HEALY	1240 BLANDING STREET	□Add
		STARKE, FL 32091	■Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			☐ Change
			□ Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
		·	□Change
		<del> </del>	□Add
			□Remove
			Change

Effective date, if other than the date of filing:  [an effective date, it is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605,0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records.  Precord 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 d is filed.  Stated October 23  2024  Signature of a member or authorized representative of a member						
fan 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 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.  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 d is filed.  Dated October 23						
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720498

Filing Fee: \$25.00