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COVER LETTER

TO: Registration Section Division of Corporations

BUFFA TINY HOME LLC SUBJECT: Same 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:

loseph_ Firm/Company BETCHWWD LICATÍ Address 10 <u>AllSeasonsps@Comcast.net</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 $\underbrace{\text{at}\left(\frac{239}{\text{Area Code}}\right)}_{\text{Area Code}} \underbrace{\begin{array}{c} 633 - 402.9\\ \text{Daytime Telephone Number}\end{array}}_{\text{Code}}$ Name of Persor

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

E \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	MENDME	INT	
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ARTICLES OF OF		FION	
OF			
<u>BUFFALO</u> (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	TINY HO as it now appear bility Company)	SME LLC	
The Articles of Organization for this Limited Liability Company w	ere filed on	8/25/2023	and assigned
Florida document number L 23000 399976			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	<u>ty company he</u>	ere:	
TINY MOUNTAIN LODGE LL The new name must be distinguishable and contain the words "Limited Liability	C		
The new name must be distinguishable and contain the words "Limited Liability	Company." the de	lesignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A		=
(Principal office address MUST BE A STREET ADDRESS)		[/ []	
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Enter new mailing address, if applicable:	NA	· من * • ر	
(Mailing address MAY BE A POST OFFICE BOX)		······································	
the state of the s		*1	i, i,
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our re	ecords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:			
New Registered Office Address:			

Enter Florida street address

Zip Code

_. 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.

City

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>	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	 	 SECRETARY	2024 JEN 11 PH 2: 32
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E. Effective date, if other than the date of filing: $(1-1)^{1-2029}$ (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 <u>- 8-2024</u> Supartire of a member of authorized representative of a member Jos<u>EPH</u>

Typed or printed name of signee

Filing Fee: \$75.00