L23000546297

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contifued Copies Certificates of Status
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Special Instructions to Filing Officer:

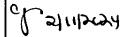




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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: BOUTS WEEKELES AND MORE LIC Name 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:
AUIN TUESERSON Name of Person
BOUTS WRENCHES AND MORE LLC Firm/Company
2497 SW 27+5 AE NUM 1048 Address
CCALA FLORIDA 3-1471 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BPANO TLIEGERSON at (350) 875-0000 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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**

Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recorded Liability Company)	v) 505: (., (.30 1., 3:31
The Articles of Organization for this Limited Liability Compar	ny were filed on DECEMBER 1	1, 2023 and assigned
Florida document number <u>L330054162571</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
		<u> </u>
Catanaga if on limble		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	S
	, Flo	orida
	City	mp conc

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALVIN TUKEERSLU	2497 SW 27th ALE NUM ICH	<u>8</u> □Add
		CEALA, FL 3-1471	□Remove
			Change
AMBR	BENNZYTLEGERSON	2497 SW 27th ALE NUM 1048	DAdd
		OCALA FLUZIDA 34471	□Remove
			Change
			□Add
			□Remove
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			□Change

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Note:	tive date, if other than the date of filing:
the reco	rd 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 filed.
Dated	l
	Beauty Tuggerson Typed or printed name of signee
	BRANDY TUGGERSON

Filing Fee: \$25.00