

L24000135412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

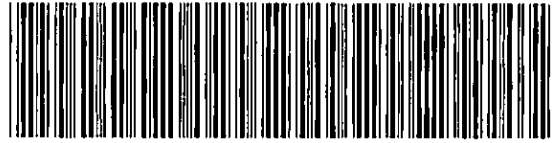
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buddy's 1, Taft LLC
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:

Maxmillion Zinn
Name of Person

Buddy's 1, Taft LLC
Firm/Company

1548 Se 14th St
Address

Fort Lauderdale FL 33316
City/State and Zip Code

Zinn@cy/fc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Foley at (754) 244 2230
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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 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

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Buddy's Taft LLC

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Maximilian Zinn	1548 Se 14th ST	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL	<input type="checkbox"/> Remove
		33316	<input type="checkbox"/> Change

MGR	Mark Zinn	1548 Se 14th ST	<input type="checkbox"/> Add
		Fort Lauderdale FL	<input checked="" type="checkbox"/> Remove
		33316	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Hello, I would like to add myself
maximilian zinn as an authorized
person. I would like to remove
mark zinn.
Thank you

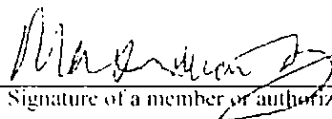
E. Effective date, if other than the date of filing: _____ (optional)

(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 7/1/24



Signature of a member or authorized representative of a member

maximilian zinn

Typed or printed name of signee

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TALLAHASSEE, FL