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COVER LETTER

. . .

TO: Registration Secti Division of Corpo			
SUBJECT: 1Hy	BIHY BOUTO Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of Art	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	LIV	W.Say Smith Name of Person	<u> </u>
		Firm/Company	<u> </u>
	2809	Wilder Park Address	Dr.
		+ City/State and Zip Code	
	E-mail@ddress: (to	1 Hy 140 Jahra o be used for future annual report notif	- COM
For further information con	cerning this matter, please ca	-	
Name of P	Smith	at (<u>913)</u> 529 2 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 Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Seconic Division of Coron The Centre of Table 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 3-25-2 Florida document number 24000 44 23. This amendment is submitted to amend the following:	674 and assigned		
Florida document number <u>L240001 44123</u> .	b24 and assigned		
A. If amending name, enter the new name of the limited liability company here: FORM UKE BUMIQUE UCC			
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1		
Principal office address MUST BE A STREET ADDRESS)	· · · · · ·		
	1		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	15		
B. If amending the registered agent and/or registered office address on our records, <u>enter the agent and/or the new registered office address here</u> :	e name of the new registe		
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
, Floric	da		
New Registered Agent's Signature, if changing Registered Agent:	<i>1.14.</i> G		

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

Title	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
<u> </u>			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□ Remove
		□Add	
			□Remove
			□Change

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•	
If an c Note:	tive date, if other than the date of filing:
e 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	April 3, 2029.
	I positi
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00