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2024 HAY 21 PM 2: 32 SECRETARY OF STATE TALL AHASSEF, FI

COVER LETTER

Division of Corp	orations		
SUBJECT:	ddy Jores Name of Lim	Towns LC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Willie	ROUSE III	
	Buddy Jo	Firm/Company	<u>C</u>
	314 N. 19	8 46 C.T. Address	
	FORT PIE	RCE FL. 34950 City/State and Zip Code	
	E-man address: ()	to be used for future annual Jeport notif	ication)
For further information cor	ncerning this matter, please ca	aff:	
Willie Ra	ISC III Person	at (<u>772</u>) <u>395-</u> Area Code Daytime	7177 : Telephone Number
Enclosed is a check for the	following-amount:		
□ \$25,00 Filing Fee	(2 \$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 radditional copy is enclosed)
NA 300 A 11		e	

TO:

Registration Section

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

	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\cancel{L} = \cancel{34000} / \cancel{73009}$.	vere filed on <u>04-11-24</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Buddy Jones Tunking & The new name must be distinguishable and contain the words "Limited Liability"		e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 024HAY 21 PM 2: 3
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the n</u>	70 P
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
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f an effecti <mark>Note:</mark> If	date, if other than the dive date is listed, the date must be the date inserted in this block's effective date on the Dep	ne specific and cannot be tk does not meet the c	e prior to date of filing a applicable statutory i		er filing.) Pursuant to 60	
d is filed.					b) The 90th day aft	er the
Dated	April 16,_	<u>ao</u>	<u> 34</u>			
	April 16,_ Will	ignature of a member o	use 11/ r authorized representa	itive of a member		
	414	ROUSE 1				