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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Openial instructions to 1 ming officer. |

Office Use Only



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09/07/24--01044--020 **60.00

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: BUff & Tuff Junk Removal 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: |
| ELIJAH F. CABLER Name of Person |
| Buff & Tuff Junk Removal LLC |
| 204 Rio Road, Jacksonville, Fl 32218 |
| JACK SONVILLE FL 32218 City/State and Zip Code buff ntuff wwkre moval@gmail.com E-mail address. (to be used for future annual report portification) |
| E-mail address. (to be used for future annual report potification) For further information concerning this matter, please call: |
| ELijah F. Cabler at (904) 439-9966 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sum_{\text{S25.00}} \text{Filing Fee} \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certificate of Status} \$\text{Certificate |

' 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

| BUFF & TUFF TU Name of the Limited Linbility (A Florid | NK REMOVAL ULC TY Company as it now appears on our records.) a Limited Liability Company) |
|--|---|
| | Company were filed on 07/12/2024 and assigned |
| This amendment is submitted to amend the following: | -4- - |
| A. If amending name, enter the new name of the lim | ited liability company here: |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDR | RESS) |
| | . 3 |
| | - · · |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | · · · · · · · · · · · · · · · · · · · |
| | · · |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the name of the new registered</u> |
| 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 |
|--------------|----------------|--|------------------|
| MGR | Luiz Fellipe 1 | 4. MADGIRA 194 Athens DR | LVDYAdd |
| | | 4. MADEIRA 194 Athens DRI St. Augustine, F. | L_{320} Remove |
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| amending any other info | ormation, enter change | s) here: (Attach a | idditional sheets, ij | f necessary.) | |
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| fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on t | te must be specific and cannot his block does not meet the | applicable statutor | ng or more than 90 day | (optional) s after filing.) Pursu ss, this date will n | ant to 605,02 |
| ecord specifies a delayed eff | | | a.m. on the earlier | of: (b) The 90th | day after th |
| ned Aug. 03 | Elips V Signavure of a member | Dall. Dallaco Open authorized represe | ntative of a member | | |
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Filing Fee: \$25.00