

M96000 000 244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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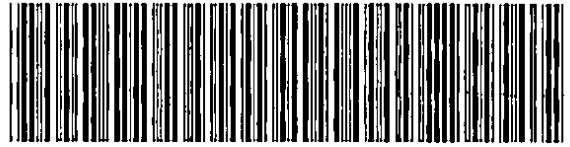
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL 22 PM 3:17
JUL 27 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Busch-Transou, L. C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hal G. Transou III

Name of Person

Busch-Transou, L.C.

Firm/Company

545 River Birch Road

Address

Midway, FL 32343

City/State and Zip Code

ttransou@tallbud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas E. Lowther at (314) 552-6640
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Busch-Transou, L. C.

Enter new principal office address, if applicable:

545 River Birch Road

(Principal office address

MUST BE A STREET ADDRESS)

Midway, FL. 32343

Enter new mailing address, if applicable:

545 River Birch Road

(Mailing address

MAY BE A POST OFFICE BOX)

Midway, FL. 32343

2. The Florida document number of this limited liability company is: M96000000244

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: July 10, 1996

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 545 River Birch Road

Enter Florida Street Address

Midway

City

Florida

32343

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

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

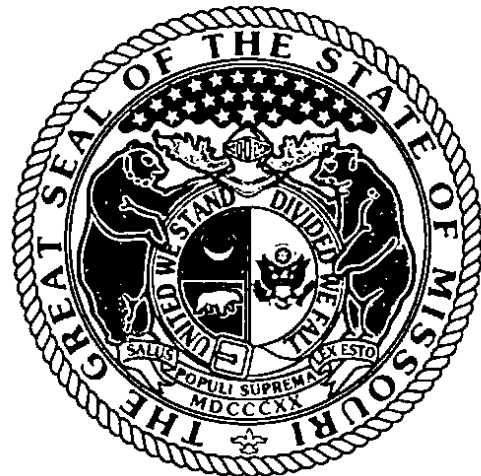
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BUSCH-TRANSOU, L.C.
LC0008213

was created under the laws of this State on the 3rd day of July, 1996, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of July, 2019.


Secretary of State



Certification Number: CERT-07102019-0013



State of Missouri
John R. Ashcroft, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC0008213
Date Filed: 7/1/2019
John R. Ashcroft
Missouri Secretary of State

Amendment of Articles of Organization

(Submit with filing fee of \$25.00)

Charter #: LC0008213

1. The current name of the limited liability company is BUSCH-TRANSOU, L.C.
2. The effective date of this document is the date it is filed by the Secretary of State of Missouri, unless a future date is otherwise indicated:

(Date may not be more than 90 days after the filing date in this office)

3. State date of occurrence that required this amendment: 6/30/2019
Month/Day/Year

4. The articles of organization are hereby amended as follows:
To change the management of the Company from the Members to one or more Managers.

4. The management of the limited liability company is vested in one or more managers.

New Name (if applicable): _____

5. (Check if applicable) This amendment is required to be filed because:

- ☒ management of the limited liability company is vested in one or more managers where management had not been so previously vested
☐ management of the limited liability company is no longer vested in one or more managers where management was previously so vested
☐ a change in the name of the limited liability company.
☐ a change in the time set forth in the articles of organization for the limited liability company to dissolve.

6. This amendment is (check either or both):

- ☐ authorized under the operating agreement
☒ required to be filed under the provisions of RSMo Chapter 347
☐ both

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Thomas E. Lowther
Authorized Signature

THOMAS E. LOWTHER
Printed Name

07/01/2019
Date

Name and address to return filed document:

Name: Christine M. Nuccio

Address: Email: cnuccio@armstrongteasdale.com

City, State, and Zip Code: _____

L.L.C-12 (11/2009)