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COVER LETTER

TO: Amendment Section

Division of Corporations

Budd's Bobcat Service, Inc. NAME OF CORPORATION: 93 DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Budd
Name of Contact Person
Budd's Bobcat Service Inc. Firm/Company
Firm/ Company
9923 Spanish Isles Drive
Address
Boca Raton Florida 33496
City/ State and Zip Code
<u>Buddsbobcate</u> yahoo, com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John at (<u>56</u>) <u>213</u> <u>8630</u> Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

₩\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Ame to Articles of Incorp of Budd'S Bobcat Service (Name of Corporation as currently file P930000 444659 (Document Number of Co Pursuant to the provisions of section 607.1006, Florida Statutes, this Flo its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	poration Loc Med with the Florida Dept. of State) orporation (if known) pridu Profit Corporation adopts the following amendment(s)
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	<u>9923 Spanish Isles Drive</u> <u>Boca Raton Flovida 33491</u>
	Boca Raton Floxida 33491
	Doca Katon Movicia 22991
2. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>9923 Spanish Isles Drive</u> <u>Baca Raton, Florida 33496</u>
	Bra Raton Florida 33496
-	oun Raini, 1 joi are of
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	. Florida

Signature of New Registered Agent, if changing

.

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u> <u>John Doe</u>	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	S Barbara Cuomo Budd	9170 Suddlecreek Drive
Add Remove 2) Change	S Karen S Budd	<u>Boca Ration, Florida</u> <u>33496</u> <u>9923 Spanish Isles</u> Drive
Add		Boca Raton, Florida,
Remove 3.) Change		<u> </u>
Add Remove		
4) Change		
Add Remove		
5) Change Add		
Remove		
6) Change		
Add		
Remove		

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F. If an	amendment provide	for an excha	nge, reclassifi	ication, or can	cellation of iss	ued shares	
prov	amendment provides visions for implement	ing the amen	dment if not c	ontained in th	e amendment	itself:	
	(if not applicable, indi	cate N/A)					
		<u>-</u>					···

The date of each amendment(s) adoption: ______, if other than the date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

- □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must he separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ____ (voting group) 2020 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by a incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) n Budd (Typed or printed name of person signing) (Title of person signing)