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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp		,	u,	•
SUBJECT: Buch	Keye Property Name of Limi	Management LLC ited Liability Company	<u></u>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Larry	Browning Name of Person		
	Buckeye	Property Management	ent LLC	
	2664 B	Address		22 S
	Cape	Com FL 3399 City/State and Zip Code	સા	SEP 20
		booking 1000+100		SEP 20 AM IO: 30
For further information co	oncerning this matter, please ca	all:		: 30
Larry P	Person	at (330) 260 Area Code Daytime	0 2 6 3 e Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of St Certified Copy (additional copy is c	atus &
Mailing Address Registration S		Street Address: Registration Sec	ction	
Division of Co	orporations	Division of Cor	porations	
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buckeye Prop	y Company as it now appears on our records.) Limited Liability Company)	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>Laloo039313</u>	•	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Buckeye Managemen The new name must be distinguishable and contain the words "Limi	and Consulting, LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	2 :
		<u>M</u> <u></u>
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		AH 0:
		<u>유 뜻</u>
		30
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of th</u>	e new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<del></del>
	City Zip (	lode

## 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

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Filing Fee: \$25.00