## K22000218198

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

15004 BUCKEYE DRIVE LLC SUBJECT: 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: JENNIFER HEIER Name of Person 15004 BUCKEYE DRIVE LLC Firm/Company **472 PARKHOUSE COURT** Address MARCO ISLAND, FL 34145 City/State and Zip Code JENNIFERAUG2783@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER HEIER 586-707-1708 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fcc. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED CONTANY OF SIMIL VICTOR COSTONATION

15004 BUCKEYE DRIVE LLC

(Name of the Limited Liability Company as it now appears on our record? JUL 18 AM11: 27 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on MAY	9, 2022	and assigned
Florida document number L22000218198			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:	:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		· <u>.</u>	<del></del> -
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ice address on our reco	rds, <u>enter the name</u>	of the new registered
Name Development Office Address			
New Registered Office Address:	Enter Florida	street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and Lam fa pter 605, F.S. Or. i	miliar with and f this document is
ir c	Changing Registered Agent,	Signature of New Regi	stered 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>	<u>Name</u>	Address	Type of Action
MGR	BRETT HEIER	5600 ZIP DRIVE, SUITE 100, FT MYERS, FL 33	905 <u>■</u> <b>Add</b>
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	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a iled.	fter the
ited	JUNE 9, 2022	
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	Signature of a member or authorized representative of a member	