



Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Co	porations			
	Fax Number	: (850)617-6383		::: co	
From:				·	71
	Account Name	: CORP USA	· .	CD .	
	Account Number	: 072450003255		1	٢
	Phone	: (305)634-3694			[T]
	Fax Number	: (305)633-9696			\odot
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUC HOLDINGS, LLC

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Corporate Filing Menu

Help



COVER LETTER

TO:	Registration Section
	Division of Corporations

BUC HOLDINGS, LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MAX M. HAGEN, ESQ.

Name of Person

HAGEN & HAGEN, P.A.

Firm/Company

Address

3531 GRIFFIN ROAD

FT. LAUDERDALE, FL 33312

City/State and Zip Code

mhagen@hagenlawfirm.com

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

Tallahassee, FL 32301

For further information concerning this matter, please call:

MANUEL HERNANDEZ		786 81 ()	297-0001 Daylime Telephone Number	
		Area Code		
Enclosed is a check for the	be following amount:			
S25.00 Filing Fee & Certificate of Status		\$55.00 Filing Pea & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Cortificate of Status & Cortified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: stion Section n of Corporations bx 6327 ssee, FL 32314	Regist Divisi Cliffor	ET/COURIE tration Section on of Corporat a Building Executive Cent	ions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BUC HOLDINGS, LLC	
(Nume of the Limited Liebility Camoo (A Florida Limited	ity as it new appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/09/2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	by Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET A DRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>></u> 6
and the second secon	

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

New Registered Office Address:	Enter Morida street c	
	····	_, Florida
	Cuy	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 fumiliar 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

Page 1 of 3

If amending Anthonized 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	GISELA HERNANDEZ	_	4911 S. W. 201ST TERRACE	🖬 Add
			SW RANCHES, FL 33332	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2018
Si	greature of a member or authorized representative of a member
MANUEL HERNANDEZ	, ,
	Typed or printed name of signed

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Filing Fee: \$25.00

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