1060000083661

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



600334401516

10/04/19--01005--012 **25.00



COVER LETTER

| | istration Sec sion of Corp | | | |
|--|-------------------------------|--|---|--|
| SUBJECT: | виссо со | ONSTRUCTION COMPANY | , LLC | |
| SOBJECT. | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of / | Amendment and fee(s) are subt | nitted for filing. | |
| Please return | all correspor | idence concerning this matter t | to the following: | |
| | | Richard Bucco Jr. | | |
| | | BUCCO CONSTRUCTION | Name of Person COMPANY, LLC | <u> </u> |
| Firm/Company 324 S Alcaniz Address Pensacola, FL 32502 | | | | |
| | | | | |
| | | City/State and Zip Code buccoconst@aol.com | | |
| | | E-mail address: (t | to be used for future annual report notif | ication) |
| For further in | iformation co | oncerning this matter, please ca | all: | |
| Richard Bud | | | 850 341-4042 at () | |
| | Name of | Person | Area Code Daytime | : Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| \$25.00 F | iling Fee | □ \$30.06 timing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BUCCO CONSTRUCTION COMPANY, LLC | | |
|--|--|-----------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appears on our rec nited Liability Company) | ords.) |
| he Articles of Organization for this Limited Liability Comforda document number L06000083661 | pany were filed on 08/23/2006 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | l liability company here: | |
| e new name must be distinguishable and contain the words "Limited | Liability Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 324 S. Alcaniz St | |
| Principal office address MUST BE A STREET ADDRES | Pensacola FL 32502 | 20 |
| | | 2019 C |
| nter new mailing address, if applicable: | 324 S. Alcaniz St | CT -4 |
| Mailing address MAY BE A POST OFFICE BOX) | Pensacola FL 32502 | AH AH |
| | | پ ي |
| | | 07 |
| . If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: | | ords, enter the name of the |
| 224 5 816 | caniz St | |
| New Registered Office Address: 324 3 Aid | Enter Florida street add | dress |
| - Pensacol | la . | Florida <u>32502</u> |
| | City | 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

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> | Name | Address Address | Type of Action |
|--------------|------|-----------------|----------------|
| | | | □ Add |
| | | | □ Remove |
| | | | |
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| | | | □ Remove |
| | | | □ Chanve |

| Effective date, if other than the date of filing: | (optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the applicable statutory filing requirements, this date will not be listed a records. |
|--|--|
| the record specifies a delayed effective date,) The 90th day after the record is filed. | but not an effective time, at 12:01 a.m. on the earlier |
| Dated October 1 . 20 | <u>19</u> |
| | |
| Signature of a member | er or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00