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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Buckingham Club LLC

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:

F. Thomas Hopkins

Name of Person

Icard Merrill

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

marypierson@buckinghamclub.com

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

For further information concerning this matter, please call:

F. Thomas Hopkins

,,941,953-8109

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

Buckingham Club LLC		
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L08000080729	bility Company were filed on August	22, 2008 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	#A_UB_UB_U	2013 TAL
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<del></del>	- S - C - C - C - C - C - C - C - C - C
B. If amending the registered agent and/or registered agent and/or the new registered office	•	
Name of New Registered Agent:		2: 26 CORNEL
New Registered Office Address:		, , , , , , , , , , , , , , , , , , ,
	Enter Flo	orida street address
	City	, Florida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark E Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	Remove
MGRM	Mark E Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	Remove
MEMB	Sandra W Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	Remove
MGRM	Sandra W Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	A C RemoV
MEMB	Todd D Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	Remove
MGRM	Todd D Pierson	1919 Buccaneer Dr	Add
		Sarasota, FL 34231	Remove
			<del></del>

f amending any other information, ent	er change(s) her	re: (Attach additional sheets, if necessary.)
November 25	2013	
	,	7. Thomas Hoplins
Signature of	a member or auth	orized representative of a member
F Thomas Hopkins		
	<b>7</b> 70 1 1 1 1	

Typed or printed name of signee

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Filing Fee: \$25.00

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