## L09000017360

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 1 8 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: BUCH, I	LLC			
(Name of Limited Liability Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
ricase recall all correspon	addice concerning this matter	to the total ting.		
	ALY			
	ACT.	(Name of Person)	<u></u>	
		_		
	DENNIS R BEDARD ES	Q. (Firm/Company)		
		(t init dompany)		
	1717 N BAYSHORE DRIVE SUITE 215			
		(Address)		
	MIAMI FL 33132			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please co	all:	•	
ALY		at ( 305 ) 530 0795		
	f Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	e following amount:			
<b>△</b> \$25.00 Filing Fee	□\$30.00 Filing 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

TO:

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

BUCH, LLC					
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)				
The Articles of Organization for this Limited Liability Co	ompany were filed on FEBRUARY 20, 2009	and assi	gned		
Florida document number L09000017360	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the designation "L	LC" or the ab	obreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)		2,,		
			<u> </u>		
		20	227m		
Enter new mailing address, if applicable:		-1	825		
(Mailing address MAY BE A POST OFFICE BOX)		3	200		
		4 0	RATA		
		<del>- မ</del>	2. 2.		
B. If amending the registered agent and/or registered	ered office address on our records, enter t	he name of			
registered agent and/or the new registered office addre	ess nere:				
Name of New Registered Agent:		***** · · ·			
New Registered Office Address:					
	(Enter Florida street add	(Enter Florida street address)			
	, Florida				
	(City)	(Zip Code	e)		

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Address **Type of Action** Title Name RICHARD BUCCELLATO MGRM 1717 N BAYSHORE DRIVE UNIT 4241-57 **₹** Remove MIAMLEL 33132 BUCCEL, LLC Add Add MGRM 1717 N BAYSHORE DRIVE UNIT 4241-57 Remove MIAMI FL 33132 \_ Add Remove ☐ Add Remove \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 11 Signature of a member or authorized representative of a member **DENNIS R BEDARD** 

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00