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Y. SCOTT OCT 31 2021

COVER LETTER

Division of Cor		•	; •			
ennicer.	pital Management LLC		ţ			
30BJEC1.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kenneth E. Walsh					
		Name of Person		_		
	Buckley Capital Managem	ent LLC		SECR	2021 C	,
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			Ä	
	6057 Dory Way				8	į
		Address		- 22日	PM	;
	Tavares, FL 32778			STAT STAT	2021 OCT 18 PM 3: 05	
		City/State and Zip Code		ندا —	O1	
	kenwalsh@buckleycapitalpa					
	E-mail address: (to be used for future annual report noti	fication)			
For further information of	concerning this matter, please ca	all:				
Kenneth E Walsh		970 846-5573				
Name c	of Person	Area Code Daytim	e Telephone Numb	er		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, eate of Statu ed Copy al copy is enc		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Tallahassee	810		
,		Tallahassee, FL				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L10000037661	ability Company	were filed on 4/7/2010	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	20
Buckley Capital Advisor Services LLC			210
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation? L.L.C.
Enter new principal offices address, if applica	ıble:	1691 Michigan Ave	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Principal office address MUST BE A STREE	T ADDRESS)	STE 435	
		Miami Beach, FL 33139	To w
			NIE NIE
Enter new mailing address, if applicable:		1691 Michigan Ave	
(Mailing address MAY BE A POST OFFICE BOX)		STE 435	
		Miami Beach, FL 33139	
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:			enter the name of the new registe
New Registered Office Address:	1691 Michigan	Ave STE 435	
		Enter Florida street	address
	Miami Beach		, Florida <u>33139</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>	<u>Name</u>	Address	Type of Action
MGR	Zachary C. Buckley	1691 Michigan Ave	
		STE 435	□Remove
		Miami Beach, FL 33139	■Change
MGR	Kenneth E. Walsh	1691 Michigan Ave	20 20 Add
		STE 435	Remove
		Miami Beach, FL 33139	SSEE TAIL Add
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ective date, if other than the date	of filing:		·	(op	tional)		
reffective date is listed, the date must be sp te: If the date inserted in this block do	ecific and cannot be ses not meet the a	e prior to date : applicable sta	of filing or more itutory filing re	than 90 days aft quirements, tl	er filing.) f nis date w	ursuant ill not b	to 605.0207 be listed as
cument's effective date on the Departn	nent of State's red	eords.					
and an aifing a delivery of effective days	h 66	.: <u>.:</u>	12.01	L!:	an an	00-1-1-	A at.
cord specifies a delayed effective date s filed.	, but not an effect	uve ume, at	12:01 a.m. on t	ne carner or:	(o) inc	90in ga	y aner the
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Filing Fee: \$25.00