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COVER LETTER

TO:

	ration Seon of Corp	ction porations		
	ickley Cap	pital Advisor Services LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	ndence concerning this matter	to the following:	
		Kenneth E. Walsh		
			Name of Person	
		Buckley Capital Advisor S	ervices LLC	
			Firm/Company	
		1691 Michigan Ave STE 4	35	
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		kenwalsh@buckleycapitalpa		
For further info	mation co	e-mail address: (oncerning this matter, please c	o be used for future annual repo	re notification)
Kenneth E Wals	sh		970 846-55	
	Name of	Person	Area Code D	Paytime Telephone Number
Enclosed is a ch	eck for th	e following amount:		
■ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address tration S		<u>Street Addre</u> Registratio	
_		orporations		f Corporations
	30x 632			of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7621 601 18 Mil 6:21 **Buckley Capital Advisor Services LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/7/2010}{1}$ and assigned Florida document number _____L10000037661 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Buckley Capital Advisors LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 t 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 18 11 6:21	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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ffective date, if other than the dat	e of filing: (optional)
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (does not meet the applicable statutory filing requirements, this date will not be listed as t
ocument's effective date on the Depar	
record specifies a delayed effective da	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated october 20,	2021
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Sign	nature of a member or authorized representative of a member

Filing Fee: \$25.00