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RECRETANT OF STATE

WALL ANASSEE, FLORID

COVER LETTER

TO:	Registration S Division of Co		ş	w ·			
SUBJE	CT:	BUCKINGH	AM ESTATES LLC				
	Name of Limited Liability Company						
The en	closed Articles of	f Amendment and fee(s) are sui	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
			AYAL HOORY				
	Name of Person						
	BUCKINGHAM ESTATES LLC						
	Firm/Company						
		1761 W. HILLSBORO BLVD, SUITE 314					
	Address						
		DEER	PEIEI D REACH EL 3344	2			
		DEERFIELD BEACH, FL 33442 City/State and Zip Code					
		GI	LOVADIA@USA.COM				
For fur	ther information	E-mail address: (concerning this matter, please	to be used for future annual report no call:	tification)			
GIL OVADIA Name of Person		at (786)	2623955 time Telephone Number				
	·	or reison	Alea Code at Days	ance receptone runnes			
Enclose	ed is a check for t	the following amount:					
□\$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) Sed) Set of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 JUN -1 PM 3: 46 BUCKINGHAM ESTATES LLC ed Liability Company as it now appears on our records) (A Florida Limited Liability Company) (Name of the Limited) 5/27/2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000057331 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MBFR	GIL OVADIA	10409 BUENA VENTURA BOCA RATON FL 33498	DRIVE Add Remove
			[] Damana
			
			D D-man
			M 2
D. If an	nending any other information, (enter change(s) here: (Attach additional sheets	, if necessary.)
			THE COLUMN TO TH
Dated	5/27/2010	Type .	PILED N-1 PH 3: 46 NASSEE, TLORID
	Signature	Typed or printed name of signee	ber

Page 2 of 2

Filing Fee: \$25.00