

L10000129542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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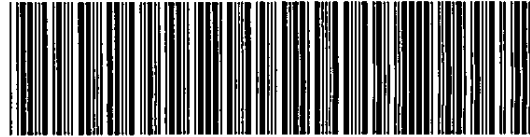
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Buckley Investments, 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:

Steve Samaha  
Name of Person

Firm/Company

3200 Lawn Ave.  
Address

Tampa, FL 33611  
City/State and Zip Code

Stevesamaha11@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Samaha at ( 813 ) 205-4090  
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)      ☐ \$60.00 Filing Fee, 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

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TALLAHASSEE, FLORIDA

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TO  
ARTICLES OF ORGANIZATION  
OF

Buckley Investments, 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 December 20, 2010 and assigned Florida document number L10000129542.

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 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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|------------------|--------------------------|--|
| MGR          | Peter D. Pierce  | P.O. Box 22919           | <input type="checkbox"/> Add               |
|              |                  | St. Petersburg, FL 33742 | <input checked="" type="checkbox"/> Remove |
|              |                  |                          | <input type="checkbox"/> Change            |
| MGR          | Steven M. Samaha | 3200 Lawn Ave            | <input checked="" type="checkbox"/> Add    |
|              |                  | Tampa, FL 33611          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
| MGR          | John Thomas      | 8513 North Gomez Avenue  | <input checked="" type="checkbox"/> Add    |
|              |                  | Tampa, FL 33614          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 28, 2015.

*J. Panabaker*  
Signature of a member or auditor

Signature of a member or authorized representative of a member

Steve Samaha

Typed or printed name of signee