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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(211), 21111 2111				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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A. LUNT				
MAR - 8 2011				
EXAMINER				

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COVER LETTER

TO: Registration	on Section f Corporations		•
SUBJECT:			g name & adding mana
	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
	JACK	5. MCCULLOC	24/
		Name of Person	
		Firm/Company	
	28/8	NE 28 TH STI	REET
		Address	
	FORT	LAUDERDALE, FL	33306
	- J'rmcc i	City/State and Zip Code UNOCHE COM CAS	sto net
	E-mail address	: (to be used for future annual report notificat	tion)
For further informat	ion concerning this matter, please	e call:	
Jack Mc Culloch		at (678) 49 1 - 9 Area Code & Daytime T	511
Ne	ame of Person	Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$\sum \\$30.00 \text{ 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:		STREET/COURIER	t ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCMA	TH LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Fe	b 2, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	:
BUCKHEAD JR LL	.C	· ····································
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		第2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	r Florida street address
		Florido
	City	, Florida 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 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