112000036657

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



900240012339

09/26/12--01019--011 **25.00

12 SEP 26 PH 1: 54

SECRETARY OF STATE

SEP 2 7 2012 T. **HAMPTON**

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	cer:	Buyers	Capital Group		
50.501			ted Liability Company		
		mendment and fee(s) are sub	_		
Please	return all correspond	dence concerning this matter	to the following:		
			Cecil Jones		
			Name of Person		
			Firm/Company		
7512 Dr. Phillips Blvd Suite 50522					
			Address		
			Orlando, FL 32819		
			City/State and Zip Code		
 		E-mail address: (to be used for future annual repo	ort notification))
For fur	ther information cor	ncerning this matter, please o	call:		
	Ce	ecil Jones	at (_407)	250-	5580`
	Name of 1	Person	Arca Code &	Daytime Telep	hone Number
Enclos	ed is a check for the	following amount:			
₹ \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILIN	NG ADDRESS:	STREET/O	COURIER A	DDRESS:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

P.O. Box 6327

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 SFP 26 PH 1:54

Buye (<u>Name of the Limited Lia</u> (A Flo	ers Capital Group, LLC ability Company as it now appears orida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liabi Florida document number	· · ·	3/14/2012 and assigned			
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	y," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicabl	le:				
(Principal office address MUST BE A STREET A					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	·				
B. If amending the registered agent and/or registered agent and/or the new registered office	_	r records, enter the name of the new			
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Bob Philippe	3114 Houndsworth Court Apt 513 Orlando, FL 32837	Add Remove
<u>.</u>			Add Remove
			Add Remove
<u>·</u>			Add Remove
			Add Remove
	 		Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	SECRE DIVISION 12 SEP
			FILED SIME AGENCY OF CORPORATION P 26 PM 1:51
Dated	September 20	, <u>2012</u>	* <i>&</i>
	Signature o	f a member or authorized representative of a member Cecil Jones Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00