# L12000036657

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SECRETARY OF STATE

FEB 6 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BUYES CONTRACT GROUP, 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:
Cacil Janas Name of Person
BUYERS CAPITAL GROUP, LLC Firm/Company
7512 Dr. Phillips Buro Ste 50-502
ORiono, F. 33819 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ce Cil Jones at (40) 250 5580  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buyers Capital Group, LLC		
(Name of the Limited Li	ability Company as it now appears on our re orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab		
Florida document number L12000036657		B
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the		-5 PH 3: 01
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida	street address
	, I	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 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
MGR	Bob Philippe	3114 HOUNDSWORTH CT - APT 513	Add Add
		APT 513	Remove
		ORLANDO FL 32837	
			Add
			Remove
			— - 研
			Add Add
			Remove State as Physical Physi
<del></del>			Add
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If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
4.000	
<sub>ated</sub> 1/20	<u>2013</u> .
	Ce. Jane
	Signature of a member or authorized representative of a member
	Cécil Jonés
	Typed or printed name of signee
	D 0 00

Page 3 of 3

Filing Fee: \$25.00

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