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COVER LETTER

TO: Registration Division of	ı Sectiofi Corporations		
SUBJECT:	Beuche	ited Liability Company	avestments (
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Lea	h Vitrau	3
		Firm/Company	
		AzureAu	e
	\mathcal{L}	City/State and Zi) Code	-(33414
	E-mail address: (team export to be used for future annual report noti	yahoo. was
For further information	on concerning this matter, please c	all:	
Lecu Nai	h Vitrano ne of Person	at (56/) 6b Area Code Daytime	7-9975 e Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	Status □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beucher) ack Investment LC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Storida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Buecher	Jack Investments LLC
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	480 Azure Ale Wellington Fl33414
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Leah Vitram
New Registered Office Address:	Y80 Azure Ave
\a2e	Hingham Florida El 33414

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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
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D. If amending any other information, enter change(s) here: (duach additional sheets, if necessar	
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E. Effective date, if other than the date of filling:	
(If an effective date is listed, the date must be specific and cannot be prior to date of fills connect the 1000 years of the date inserted in this block does not meet the applicable strictory filling requirements, this date index document's effective date on the Department of State's records.	villatichedarie
Cocument's crecitive date on the Department of State S records.	
If the record specifies a delayed effective date; but not affective tino, of 12/01 am	ത്രിലേവിലാള
(b). The 90th day after the record is filed.	
Dated	المستعملين والمستعملين
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Signature of a member or authorized representative of a member	و المستعدد ا
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What we do not	