LISOOOBAIL

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	NO S	

Office Use Only



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10/16/15--01019--004 **55.00

FILING CANCELLED RETURNED CHECK

2015 OCT 15 P 12: 59
SECRETARY OF STATE

TIMED

OCT 11 6 20:5 O. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

HEIDI BUECHNER 1128 NESTLING CT GULF BREEZE, FL 32563 FILING CANCELLED RETURNED CHECK

ALLAHASSEE FLORIDA

SUBJECT: HEIDI BUECHNER LAW, LLC

Ref. Number: L15000039112

We have received your document for HEIDI BUECHNER LAW, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$55.00.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00021303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Heidi Buec	hner Law, LLC				
SUBJECT.		Name of Limi	ited Liability Company		_	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	ail correspo	ndence concerning this matter	to the following:			
		Heidi Buechner				
		- <u> </u>	Name of Person			
		Heidi Buechner Law, PLL	c			
			Firm/Company		—	
		1128 Nestling Court				
			Address		2015 SEC	
		Gulf Breeze, FL 32563			CRET	-
		heidímarie_d@yahoo.com	City/State and Zip Code		%× - 5	
		=	to be used for future annual report notif	ication)	- P	
For further in	iformation c	oncerning this matter, please ca	all:		17. 5	******
Heidi Bucch	mer		404 313-5216		<u>`</u> ₽` _ Q	
	Name o	f Person	Area Code Daytime	Telephone Nun	nber	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, ficate of Status & fied Copy onal 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



y as it now appears on our re lability Company)	cords.)
were filed on March 3, 201	5 and assigned
lity company here:	
ty Company," the designation '	'LLC" or the abbreviation "L.L.C."
	2015 SEC
	AA 8
PO BOX 159	ARY O
C.J.C. B. 2020	E 33660 0
GUIT BREEZE,	70 /- j
	57 5
	ords, enter the name of the
Enter Florida street ac	ldress
Enter Florida street ad	
	idress . Florida Zip Code
	P.O. BOX 159 Gulf Breeze,

If Changing Registered Agent, Signature of New Registered Agent

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

FILING CANCELLED

AMBR = Authorized Member		RETURNED CHECK		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			□ Remove	
			Change	
			Add	
		TALLAH	Remove	
		SSEE	Remove CRE NRY OF STATE Remove Remove	
			Change	
			D Add	
			□ Remove	
			Change	
			□ Add	
			□ Remove	
			T Change	

."If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
This. PL	LS is organized for the purpose of
renderi	ng professional law services.
	J 1
	FILING CANCELLED
	RETURNED CHECK
	TAS 2
 	
	DRIE 5
L. Effective date, if other (If an effective date is listed, the	han the date of filing: (optional) (optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
Note: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
document selective diffe	on the Department of State S records.
f the record specifies a b) The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated October 2	2015
	40,2 - 2 -
	Signature of a member or authorized representative of a member
Heidi Bucchno	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00