

#L15000088316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

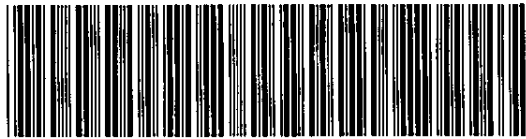
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2015 JUN 16 PM 5:16  
RECEIVED  
TALLAHASSEE, FL 32309

K. SALLY  
EXAMINER  
JUN 17 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN 17 PM 2: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 4, 2015

BUCHANAN TRADING COMPANY LLC  
BENJAMIN A BUCHANAN  
3002 N 19TH AVE.  
MILTON, FL 32583

SUBJECT: BUCHANAN TRADING COMPANY LLC  
Ref. Number: L15000088316

We have received your document for BUCHANAN TRADING COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 215A00011736

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Buchanan Trading Company 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:

Benjamin A Buchanan

Name of Person

Buchanan Trading Company LLC

Firm/Company

3002 N 19th Ave

Address

Milton, FL 32583

City/State and Zip Code

buchanantradingcompany@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Buchanan

850 712-4455

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

Buchanan Trading Company LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2015 JUN 16 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 19th, 2015 and assigned  
Florida document number ~~100273106471~~ \*L15000088316

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

5419 Mulat Road

**(Principal office address MUST BE A STREET ADDRESS)**

Milton, FL 32583

**Enter new mailing address, if applicable:**

5419 Mulat Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Milton, FL 32583

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

5419 Mulat Road

*Enter Florida street address*

Milton

, Florida 32583

*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 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**

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2015 JUN 16 PM 5:16

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I also need to update my main contact phone number from 850-516-6040 changing to 850-712-4455.

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CLERK OF COURT  
JALAPA, CALIF.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 1, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Benjamin A Buchanan

\_\_\_\_\_  
Typed or printed name of signer