

L16000 105134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*ADD. + Mgr*

Office Use Only



600287085136

06/20/16--01010--017 \*\*25.00

FILED  
2016 JUL -1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL -5



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 JUL -1 PM 1:06  
TALLAHASSEE, FLORIDA

June 21, 2016

COSS BOOKKEEPING & ACCOUNTING  
JOSE COSS  
2480 EAST COMMERCIAL BLVD, STE. #3  
FORT LAUDERDALE, FL 33308

SUBJECT: BUCKNDBEARD LLC  
Ref. Number: L16000105134

We have received your document for BUCKNDBEARD 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):

Please place new address for business in hi-lited area of section A. Also, please check which action you wish for Ricardo E Colipi. Are you removing him?

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: 316A00013073

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BUCKNDBEARD 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:

JOSE COSS

\_\_\_\_\_  
Name of Person

COSS BOOKKEEPING & ACCOUNTING

\_\_\_\_\_  
Firm/Company

2480 EAST COMMERCIAL BLVD. SUITE #3

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33308

\_\_\_\_\_  
City/State and Zip Code

JOSE@COSSBOOKKEEPING.COM

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

For further information concerning this matter, please call:

JOSE COSS

754

223-2969

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**

BUCKNDBEARD LLC

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

**FILED**  
2016 JUL -1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 31, 2016 and assigned  
Florida document number L16000105134.

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:

(Principal office address MUST BE A STREET ADDRESS)

JOSE LIMA

235 NE 23RD. ST. M 204

WILTON MANORS, FL 33305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

815 NE 13th St. Store #6  
Fort Lauderdale FL 33304

**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:

Jose Lima

New Registered Office Address:

815 NE 13th Street Store #6

*Enter Florida street address*

Fort Lauderdale

Florida 33304

*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>                   |
|--------------|------------------|----------------------------|---|
| AMBR         | RICARDO E COLIPI | 2316 NW 77TH AVE           | <input checked="" type="checkbox"/> Add |
|              |                  | FORT LAUDERDALE, FL 33311- | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |
|              |                  |                            | <input type="checkbox"/> Add            |
|              |                  |                            | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |
|              |                  |                            | <input type="checkbox"/> Add            |
|              |                  |                            | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |
|              |                  |                            | <input type="checkbox"/> Add            |
|              |                  |                            | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |
|              |                  |                            | <input type="checkbox"/> Add            |
|              |                  |                            | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |
|              |                  |                            | <input type="checkbox"/> Add            |
|              |                  |                            | <input type="checkbox"/> Remove         |
|              |                  |                            | <input type="checkbox"/> Change         |

FILED  
2006 JUL 1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Change the BUCKNDBEARD LLC ADDRESS THE NEW ADDRESS IS

815 NE 13th Street FL 33304

2016 JUL - 1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

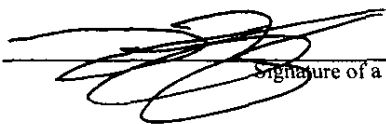
E. Effective date, if other than the date of filing: 06/13/2016 (optional)

(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 06-13-16, \_\_\_\_\_



Signature of a member or authorized representative of a member

JOSE LIMA

Typed or printed name of signee