

L16000146332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

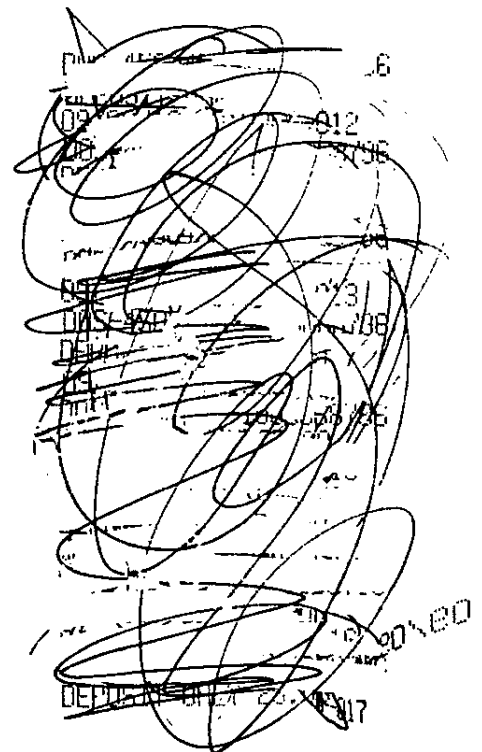
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09/09/16--01030--018 **25.00



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16 OCT -3 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

WILLIAM BUX REAL ESTATE INVESTMENTS, LLC
20801 BISCAYNE BLVD, STE 304
AVENTURA, FL 33180

SUBJECT: BUX AND BUX REAL ESTATE INVESTMENTS, LLC
Ref. Number: L16000146332

2017 OCT -3 PM 4:36
TALLAHASSEE, FL 32304

We have received your document for BUX AND BUX REAL ESTATE INVESTMENTS, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 516A00019415

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUX AND BUX REAL ESTATE INVESTMENTS, 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:

WILLIAM J. SEGAL ESQ

Name of Person

BUX AND BUX REAL ESTATE INVESTMENTS, LLC

Firm/Company

20801 BISCAYNE BLVD, STE 304

Address

AVENTURA, FL 33180

City/State and Zip Code

WJSPA@AOL.COM

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

For further information concerning this matter, please call:

WILLIAM J. SEGAL ESQ

Name of Person

at (305) 682-1110

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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16 OCT -3 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BUX AND BUX REAL ESTATE INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on AUGUST 4, 2016 and assigned
Florida document number L16000146332.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

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 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>
<u>MGR</u>	<u>MIHAIL BUX</u>	<u>3001 NE 185 STREET, #303</u>	<input checked="" type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
	<u>MIKHAIL BUX</u>	<u>3001 NE 185 STREET, #303</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

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TALAMON SEC. DIV.

16 OCT - 3 PM 5
SECRET
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UP
E.T. 1000

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ST. LOUIS
MISSOURI
FBI

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee