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(Requ	uestor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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DEC 21 2016

COVER LETTER

SUBJECT:/	-2 Buckeye Name of Limi	E, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bayan	VaECEK Name of Person	
		Name of Person	
	N-J2 B	CICLEYE UC	
	_ 413 Cal	KE S	
	Ocala,	FL 34472	
	BYa 4444	FL 3447Z— City/State and Zip Code A aol. Com to be used for future annual report notifi	owen
	E-mail address: (I	to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Bryan YAE Name of	-CER Person	at (35Z) 817 Area Code Daytime	-1044 Telephone Number
	• • • • • • • • • • • • • • • • • • • •	22,	
Enclosed is a check for the	e 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:

TO:

Registration Section - Division of Corporations

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

YJ2 BUCKEYE, L (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6000/59367</u> .	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		in in
		73-5
Enter new mailing address, if applicable:		TANKS TO
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		r the name of the n
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title **Address Type of Action** COO John Michael Young 7104 Plantation Calles Crack XAdd

San Ford, FL 32771 - Rem _□ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove (2) C2 Add M Remove ☐ Change

Tective date, if other than the date of filing: (optional) (optional) In 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 02 days after filing in the specific in the date must be does not make the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records. The 90th day after the record is filed. The 90th day after the record is filed. The 90th day after the record is filed. The 90th day after the record is filed.	amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Bryan Yaeler Typed or printed name of signee		
Typed or printed name of signee		
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Filing Fee: \$25.00