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SECRETARY OF STATE
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K. SALY JAN 24 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD	Buddy Buc	kets, LLC		
SUD	JEC1:	Name of Lim	ited Liability Company	
The o	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspon	ndence concerning this matter	to the following:	
		Richard I. Withers, Esq.		
			Name of Person	
		Ossi, Withers & Harrison,	P.A.	
			Firm/Company	
		4731 NW 53rd Avenue, Su	uite 1	
			Address	
		Gainesville, Florida 32653		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		richard@owhlaw.com		
		E-mail address: (	to be used for future annual report notif	fication)
For f	urther information co	oncerning this matter, please co	all:	
Rich	ard I. Withers, Esq.		352 692-4888 at ( )	
	Name of	Person		e Telephone Number
Enclo	osed is a check for th	e following amount:		
<b>S</b>	325.00 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 ARTICLES OF ORGANIZATION OF



Buddy Buckets, 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 September 23, 2015	and.assigned
Florida document number L16000177987	· ·	
Florida document number	<del></del> ·	# - No.
This amendment is submitted to amend the following:		- <u>~</u>
A. If amending name, enter the new name of the lin	nited liability company here:	·
7 Towers, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Against.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Desistand Agent's Signature if changing Pagister	ad 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: 2017 JAN 20 AM 11: 31 MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> Name □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add □ Remove □ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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Signature of a member or authorized representative of a member	ated _	
	ated _	D-M

Page 3 of 3

Filing Fee: \$25.00