117000007978

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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- COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	7WO LULA BUCKS Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
,	DANA BUCK	
	Name of Person	
	Firm/Company	
	1802 WAGONWHEEL BD. Address	
	. Address	" FÓ
	WIMAUMA FL 33598 City/State and Zip Code	17 LER
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	0 35
For further inf	ormation concerning this matter, please call:	AM 8
Dar	Name of Person at (727) 444- 6928 Area Code Daytime Telephone Number	CRETARY OF STATE A
	Name of Feison Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25.00 Fil	ling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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

TWO LULA BUCKS (Name of the Limited Liability Compar	LLC v as it now appears on our records.)	
(Name of the Limited Liability Compar (A Florida Limited L	ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $4/7000007978$.	were filed on January 10, 2	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DANA R. BUCK LL	-C.	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
		= 60
		JAN 21
Enter new mailing address, if applicable:	Same	23 8 2
(Mailing address MAY BE A POST OFFICE BOX)		in ch
D. If amouding the maistened court and/on maistened of	Sac address on our resouls or	dhc die
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Troping of the frances.	Enter Florida street address	
	, Florid	a
***************************************	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

JAN 20
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AM 8: 03
03

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Filing Fee: \$25.00