L18000 174 257

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
· ,	
PICK-UP	WAIT MAIL
(Business	Entity Name)
(======================================	
/Document	nt Number)
(Documer	(Namber)
	_ "
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

Office Use Only



200340357312

02/07/20--01020--001 **52.50

2020 HAR 20 PH 5: 05

MAR 23 2020 S. YOUNG



March 4, 2020

JAMES R BUCKNER
JC BUCKNER HOLDINGS
540 QUINVILLE TERRACE
JACKSONVILLE, FL 32221

SUBJECT: JC BUCKNER HOLDINGS LLC

Ref. Number: L18000174257

We have received your document for JC BUCKNER HOLDINGS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 620A00004835

COVER LETTER

Division of Corpora	ations			
SUBJECT: JCBu	cknow Holding	:, LLC		
30001X.1.	Name of Limi	ited Liability Company	· · ·	
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
- -		Name of Person Lea Egg Firm Company		
		• •		
-	540 Quinu	.//e T-vvace		·
_	Jockson.	City/State and Zip Code	٦ (
	jbuckue E-mail address: (1	City/State and Zip Code	port notification)	
For further information conce			•	
James Bucku Name of Per	son	at (<u>904)</u> Area Code	562-06	ne Number
Enclosed is a check for the fo	llowing amount:			
525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	<u>iress:</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION **OF**

JC Buckun Hola	lines LLC	PASS
JC Buckur Holo (Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 1800 017 425</u>	y Company were filed on	19 19, 2018 and ssigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the I	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Carol Buckner	540 Quinville Di	□Add
		Jacksonvilla FL 32221	BRemove
			🗀 Change
			JRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			(*)Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change