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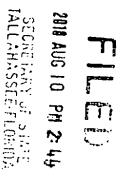
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COVER LETTER

	TO: Registration Section Division of Corporations	
	SUBJECT: Team Buky, 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:	
	Charles Buky	
	Name of Person	
	Firm/Company	
	1908 78th St. N.W.	
	Brachnon, FL 34209	20. 21
	Charles Buy a gol, com	2010 AUG SECRETA FALLAHA
	E-mail address: (to be used for future annual report notification)	SSES TO
	For further information concerning this matter, please call:	The second
	Name of Person at (99) 228 - 608 6 Area Code Daytime Telephone Number	A CONTROL
\	Enclosed is a check for the following amount:	
	(additional copy is enclosed) Certified (of 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

Team Buky,	LLC		
(Name of the Limited Liability Compa (A Florida Limited		n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	$\frac{12/2018}{2018}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Charles John Byky, LLC The new name must be distinguishable and contain the words "Limited Liabi		,	-
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		201 Si	-
(1 The party of the masters will be a both the state of t		<u> </u>	7
Enter new mailing address, if applicable:	N/A	ASSER	
(Mailing address MAY BE A POST OFFICE BOX)			1 ŧ ==
			• ′
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ur records, enter the name of the n	<u>iew</u>
11/0		· · · · · · · · · · · · · · · · · · ·	•
New Registered Office Address:	Enter Florida	ı street address	-
		Florida	
	City	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent:	_		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document is	:he
II Cha	Anging Registered Agent	t, 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> Name | **Type of Action** <u>Address</u> □ Add _□ Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove ☐ Change □ Remove _□ Change □ Add

☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	
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	A C
S S	声 5
E. Effective date, if other than the date of filing: (optional) (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.) Pursua	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of
(b) The 90th day after the record is filed.	c carner or.
Dated <u>August 8</u> , 2018	
Signature of a member or authorized representative of a member	
Charles John Buky Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00