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COVER LETTER

TO: Registration Section of Corp			
SUBJECT: SC	DC/DN (Name of Limit	BUCKE PONE	beclircy Beuch, FL 30082 LLC
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:	
	Chust	Name of Person	
		Firm/Company	
	_ 7885 <u>R</u>	Address BIVC	<u>/</u>
	('Frisher	City/State and Zip Code City/State and Zip Code Co be used for future annual report notif	FC 32050
For further information co	ncerning this matter, please ca	ill:	
Name of	1 CCYK Person	at (904) 476 Area Code Daytime	Telephone Number
Englosed is a check for the	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:

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

Xc 12prin Blud	1- Ponte Vector Bac	ich FL 3208			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	LLC			
The Articles of Organization for this Limited Liability C	Company were filed on 10/16/18	and assigned			
This amendment is submitted to amend the following:		· 37 18			
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	nited Liability Company "the designation "LLC" or the				
The new matter mass of distinguishable and contain the words.					
Enter new principal offices address, if applicable:		<u>, c.</u>			
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>			
Enter new mailing address, if applicable:					
(Muiling address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the new			
Name of New Registered Agent:					
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Name

Address
3827 Painciana Block
Type of Action

() (Stirc F1850 Clark Jackson U. 16 BCh FC 32) 50.

Address
Addres Title □ Remove _□ Change MOR HERCEB CKILL 3827 Painciana Blid Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

				
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ective date, if other than the effective date is listed, the date mue: If the date inserted in this b	ist be specific and cannot b	e prior to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.02
ument's effective date on the I			equirements, this date w	III IIO DE IISICO
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record specifies a delaye he 90th day after the rec	cord is filed.	ut not an effective tin	ie, at 12:01 a.m. o	n the earlier
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	Signature of a member of	or authorized representative of	a member	NOV
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Page 3 of 3

Filing Fee: \$25.00