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<u> </u>	(Roquestor's Name)
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☐ PICK: J	2 MAIL MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

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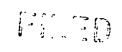
2021 APR 29 PH 12: 51

COVER LETTER

	Registration Sec Division of Corp		•	:
oup w		he Gulf, LLC	٠,	€e
SUBJEC	<u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		Barbara J. Buccini		<u></u> .
			Name of Person	
		Buccini on the Gulf, LLC		
			Firm/Company	
		301 Northview Xing #143.	3	
		-	Address	
		Panama City Beach, FL 3:	24013	
			City/State and Zip Code	
		buccinionthegulf@gmail.co		
			to be used for future annual report	nothication)
For furth	her information co	oncerning this matter, please c	all:	•
B. J. Bu	eccini		850 980-292 at ()	
	Name of	Person	Area Code Da	nytime Telephone Number
Enclosed	d is a check for th	ne following amounts		
■ \$25	.00 Filing Fee (\$30,00 Filing-Ree & 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 Addres Registration S		Street Addres Registration	
	Division of C		Division of	Corporations
	P.O. Box 632			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 APR 29 PM 12: 5!

Buccini on the Gulf, LLC

(Name of the Limited Liability Company as it now appears on our records) ANASSEE, FL

e Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{05}{2}$	/23/2019 and assigned	
orida document number L19000138913	_•		
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limit	ted liability company h	ere:	
arbara Buccini, LLC			
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the c	fesignation "L.L.C" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	301 Northview	301 Northview Crossing #1433	
Principal office address MUST BE A STREET ADDR	ESS) Panama City Bo	each, FL 32413	
nter new mailing address, if applicable:		Crossing #1433 each, FL 32413	
Agiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered	office address on our r	ecords, enter the name of the new regis	
ent and/or the new registered office address here:			
Name of New Registered Agent: Barbara	Barbara J. Buccini		
New Registered Office Address: 301 No	orthview Crossing #1433	•	
	Enter Flo	rida street address	
Panama	a City Beach	Florida 324113	
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			☐ Change

Effective date, if other than the date of filing: O4/26/2021					
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Filing Fee: \$25.00