

L19000 148 94

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

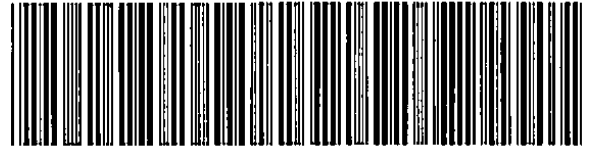
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/19--01010--028 **25.00

Amend

10/03/19 10:03:31

OCT 29 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUCHANAN MOTORS 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:

KEVIN GIZA

Name of Person

Firm/Company

18416 SNOWDONIA DRIVE

Address

LAND O LAKES, FL 34638

City/State and Zip Code

GIZAKEVIN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN GIZA

727

648-0389

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JAN 22 2011

128

BUCHANAN MOTORS LLC



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>	<u>Type of Action</u>
AMBR	MOGENSEN, MARSIBIL M	1855 LENAWE LOOP, UNIT 206	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

10/07 2019

Signature of a member or authorized representative of a member

KEVIN GIZA

Typed or printed name of signer

Filing Fee: \$25.00