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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:		stration Sect sion of Corpe				
SUBJEC		BUCHANAN	NOTORS LLC			
SUBJE	C1; _		Name of Limi	ted Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please re	eturn :	all correspond	dence concerning this matter t	to the following:		
			KEVIN GIZA			
				Name of Person		
				Firm/Company		
	18416 SNOWDONIA DRIVE					
	Address					
LAND O LAKES, FL 34638						
			GIZAKEVIN@GMAIL.CO			
			E-mail address: (t	o be used for future annual report notific	cation)	
For furtl	her in	formation con	ncerning this matter, please ca	th:		
KEVIN	GIZ			727 648-0389 at ()		<b>3</b>
		Name of I	erson	Area Code Daytime	Telephone Number	- 1
Enclosed	d is a	check for the	following amount:			
<b>■</b> \$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed	- 90

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

BUCHANAN MOTORS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000148914		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3
B. If amending the registered agent and/or regressistered agent and/or the new registered office ad-		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	
	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

M

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Note: If the	date inserted in the	n the date of fili te must be specific a his block does not the Department of	t meet the applica	ible statutory fili	more than 90 days	o <b>ptional)</b> (after filing.) Pursua s, this date will no	nt to 605.020 t be listed a
	specifies a del	layed effective	date, but no	t an effective	time, at 12:	01 a.m. on the	e earlier o
The 90th	day after the					.=	
The 90th	•	e record is filed		- //h	-	7	
The 90th	•	7			e of a member	7	

Page 3 of 3

Filing Fee: \$25.00