## L19000155175

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## **COVER LETTER**

Division of Corporations							
SUBJECT:	Buccan-Miami, LLC						
SUBJECT	·	Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Brendan Chatham, Esq.					
			Name of Person				
Hutchinson Black and Cook, LLC							
	Firm/Company						
	921 Walnut Street, Suite 200						
		<del>-</del>	Address				
		Boulder, CO 80302					
			City/State and Zip Code				
		marianne.clanton@hbcboul					
			to be used for future annual report no	tification)			
For further	information c	oncerning this matter, please c	alt:				
Brendan Chatham		303 442-6514 ai ()					
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>■</b> \$25.00	Filing Fee	S30.00 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 exclused)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration S	ection				
		Division of Co The Centre of	orporations				
			oe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buccan-Miami, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company	
The Articles of Organization for this Limited Liability C	Company were filed on June 12, 2019	and assigned
Florida document number 1.19000155175	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Clam Shop LLC		
The new name must be distinguishable and contain the words "Lim	aited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDI	RESS)	
		19 P
Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>-</del> .	, 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

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an efte	ective date is listed, that If the date inserted	he date unist be specifi I in this block does t	ic and cannot be pr not incer the app	rior to date of filing dicable statutory	or more than 90. Filing requirem	days after filing. ents, this date	Pursuant to 605.020 will not be listed a
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Filing Fee: \$25.00

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>	Address	Type of Action
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			□Remove
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