

L20 000 143280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

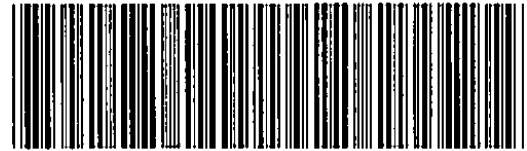
(Business Entity Name)

(Document Number)

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JUN 29 2020

SECRETARY OF STATE
TALLAHASSEE, FL
JUN 30 2020

D. BR
AUG 1

TO: Registration Section
Division of Corporations

SUBJECT: BUY REPOS DIRECT 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:

Shea A. Graves
Name of Person

BUY REPOS DIRECT LLC
Firm/Company

424 STORY Road
Address

OCOCee, FL 34761
City/State and Zip Code

Buy REPOSdirect@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shea A. Graves at (407) 656-7440
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2008 JUN 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FL

TO
ARTICLES OF ORGANIZATION
OF

BUY REPOS DIRECT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/27/2020 and a
Florida document number L20000143280

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

424 STORY Road

OCOE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

424 STORY Road

Enter Florida street address

OCOE

City

Florida

SECRET
TALLAHASSEE
JUN 22 PM 5:28
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
	N/A		<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
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			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C

SECRETARY OF STATE
TALLAHASSEE, FL
JUN 23 5 20 PM '00

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l document's effective date on the Department of State's records.

Dated 10/22 2020

Signature of a member or authorized representative of a member

Shea A GRAVES

Typed or printed name of signee

Filing Fee: \$25.00