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COVER LETTER

Registration Section Division of Corporations

TO:

BUCCCA SUBJECT:	NEER #102, LLC.		
AUBIECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RICHARD BRUEHL		
		Name of Person	
	WAGGONER AND BRU	EHL P.A.	
		FimvCompany	
	5400 PINE ISLAND RD.		
		Address	
	BOKEELIA, FL 33922		
		City/State and Zip Code	
	REASSISTANT@WBLEG	ALLAW.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	aft:	
RICHARD BRUEHL		239 283-1076 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCCCANEER #102, LLC.			
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I lorida document number 1.20000353428	Liability Company	were filed on NOVEMBER 6, 2020	and assigned
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	vility company here:	
UCCANEER #102, LLC.			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	~
Principal office address MUST BE A STREET ADDRESS)		N/A	020
		N/A	F T
nter new mailing address, if applicable:		N/A	LED 22 PM
Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>enter the nar</u>	ge of the new regist
New Registered Office Address:	17/14	Enter Florida street address	
	N/A	Florida N	/A
		, Florida City	Zıp 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			☐ Change
N/A 	N/A	N/A	□Add
			□Remove
			2017 Change
N/A	N/A	N/A	Change CGAGL T
			P ⊟Remove
			
N/A	N/A	N/A	□Add
			□Remove
			☐ Change
N/A	N/A	N/A	□Add
			□Remove
			Change
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fective date, if other than the date of f	iling: N/A		(option	al)
an effective date is listed, the date must be specificate: If the date inserted in this block does t	and cannot be prior to	o date of filing or more	than 90 days after fi	ling.) Pursuant to 605.020
ocument's effective date on the Department	of State's records.	ore statutory iring i	equirements, this o	ate will not be listed a
record specifies a delayed effective date, but	not an effective tim	ne. at 12:01 a.m. on	the earlier of: (h)	The 90th day after the
is filed.			(0)	The your day arres the
ated N/A'	N/A			
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Filing Fee: \$25.00