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## **COVER LETTER**

elle recm.	BUCLE LLC	;			
SUBJECT:		Name of Lim	ited Liability Company		<del></del>
The enclosed	l Articles of A	imendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  and correspondence concerning this matter to the following:  ANGELA PEREZ  Name of Person  A CAMI BUSINESS AND CORPORATE SOLUTIONS LLC  Firm/Company  8500 SUNRISE LAKES BLVD., STE. 109  Address  SUNRISE, FLORIDA 33322  City/State and Zip Code  ACAMI@CAMIBCS.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  EREZ  305  Area Code  Daytime Telephone Number  The check for the following amount:  Filing Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  Certificed Copy  Certified Copy				
			Name of Person		<del></del>
		A CAMI BUSINESS AND	CORPORATE SOLUTIO	ONS LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del> </del>
		8500 SUNRISE LAKES B	LVD., STE. 109		
			Address		<del></del>
		SUNRISE, FLORIDA 333	22		
		ACAMI@CAMIBCS.COM	•		·
		<u></u>		port notification)	
For further in	formation con	ncerning this matter, please ca	ail:		<u>:</u>
ANGELA PI	·		at ()	1414	: : : :
	Name of I	<sup>9</sup> erson	Area Code	Daytime Telepho	ne Numbeř
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee		Certified Copy		Certificate of Status &

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



September 4, 2024

ANGELA PEREZ A CAMI BUSINESS AND CORPORATE SOLUTIONS 8500 SUNRISE LAKES BLVD, STE 109 SUNRISE, FL 33322

SUBJECT: BUCLE, LLC Ref. Number: L21000019709

We have received your document for BUCLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

OCT - 4 2024

Letter Number: 024A00019724

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCLE LLC						
(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	'ds.)			
The Articles of Organization for this Limited Li Florida document number L21000019709	ability Company	were filed on 01/07/2	2021	and assigned		
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
		<del></del>				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company." the designation "LL	C" or the abbi	reviation "L.L.C."		
Enter new principal offices address, if applicable:		9717 SW 74TH AVENUE				
Principal office address MUST BE A STREE	T ADDRESS)	OCALA, FLORIDA 34476				
			ALL.	024		
Enter new mailing address, if applicable:		9717 SW 74TH AVENUE	AHÄSS	9 - 1 j - 1 9 - 1 j - 1		
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	OCALA, FLORIDA 34476	<u></u>	≥ □:		
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office : s_here:	address on our records, enter	CORIDA r the name	© Confidence of the new register		
Name of New Registered Agent:	CAMI BUSI	NESS AND CORPORATE SOL	UTIONS LI	_C		
New Registered Office Address:	8500	Sunrisc Likes Enter Florida street addre	Blvd,	ste 109		
	5		lorida	33322		
	<u> </u>	City		Ziv 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

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

MGR ₹ Manager 'AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRISTINA LELLI	9717 SW 74TH AVENUE	□Add
		OCALA, FL. 34476	□ Remove
			■ Change
MGR	GIANLUCA VEZZANI	9717 SW 74TH AVENUE	
		OCALA, FL. 34476	□Remove
			□Remove
			□Change
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			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

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