L21000483096

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Registration S Division of Co			
BIG BUC	KET DEVELOPMENT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	ROBERT SALTSMAN		
		Name of Person	
	ROBERT P. SALTSMAN	I, P.A.	
		Firm/Company	
	P.O. BOX 2146		
		Address	
	WINTER PARK, FL 3279	90	
		City/State and Zip Code	
	JUDY@SALTSMANPA.C	COM to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	
ROBERT SALTSMA	- ,	407 647-2899	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Flori	
Then Registered Office Additions.	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
The state of the s		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registered
		, <u>ii</u> , o
		
(Mailing address MAY BE A POST OFFICE BOX)		SO A D
Enter new mailing address, if applicable:		7/2
		2 2
Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDI	RESS)	2027
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
A. If amending name, enter the new name of the lim	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L21000483096	<u>_</u> .	
The Articles of Organization for this Limited Liability C	Jompany were filed on	and assigned
	~ 11/21/2021	,
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
BIG BUCKET DEVELOPMENT, LLC		

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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID COBB	100 E CENTRAL BLVD. #2	
		ORLANDO, FL 32801	□Remove
			□Add
			Remove
			□ Change
	- 		
			□ Remove
			Change
			□ Add
			□ Remove
			Change
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n offect <u>te:</u> If	e date, if other than the date is listed, the date muther date inserted in this but's effective date on the I	ust be specific and o block does not me	cannot be prior to deet the applicable	e statutory filing	requirements, this	filing.) Pursuant to 6 s date will not be l	05.0207 isted as
cord s s filed	specifies a delayed effecti l.	ve date, but not a	n effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th day at	ter the
	PRIL 11	·	2022	16	\		
ted		41) adeal)		
ted A		Signature of a m	ember or authoriz	ed represer Wive	of a member		

Filing Fee: \$25.00