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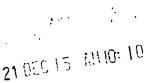
## **COVER LETTER**

TO: Registration Section

Division of Corp	porations	•	
Buccaneer T	frail, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nicole Zaworska, Esq.		
		Name of Person	
	Phelps Dunbar LLP		
		Firm/Company	<del></del>
	100 South Ashley Drive, S	Suite 2000	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	nicole.zaworska@phelps.co	om to be used for future annual report not	ification)
For further information co	oncerning this matter, please c		
Nicole Zaworska, Esq.		813 222-7667	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Buccaneer Trail, LLC

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

(A Florida Limit	ted Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number 1.21000497366	any were filed on November 18, 2021 and assigned		
Piorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9568 Buccaneer Trail, Placida, Florida 33946		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new regist</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change
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Effective date, if other tha (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	this block does not me	eet the applicable st	of filing or more than 90 day atutory filing requiremen	(optional) ys after filing.) Pursuant to 60 tts, this date will not be lis	05.0207 sted as
internal beneather and the					
he record specifies a delayed ef	ffective date, but not a	in effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day aft	er the
he record specifies a delayed ef ord is filed.  December 13	ffective date, but not a	in effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day aft	er the
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he record specifies a delayed efford is filed.  Dated December 13	,	2021	12:01 a.m. on the earlier	of: (b) The 90th day aft	er the

Filing Fee: \$25.00