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(Requestor's Name)	-
(Address)	-
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(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	-
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Office Use Only	-



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FILED

COVER LETTER

TO: Registration Section Division of Corporations

Buck Mortgage Solutions LLC
SUBJECT:

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:

David Buck

Name of Person

Buck Mortgage Solutions LLC

Firm/Company

4423 Kennett St

Address

North Port, FL 34288

City/State and Zip Code

dbuck@buckmortgages.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

 Buck Mortgage Solutions LLC

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

 (A Plonida Limited Liability Company)

 The Articles of Organization for this Limited Liability Company were filed on 01/03/2023 and assigned

 Florida document number L23000007297

 This amendment is submitted to amend the following:

 A. If amending name, enter the new name of the limited liability company." the designation "LLC" or the abbreviation "LLC."

 Enter new principal offices address, if applicable:

 (Principal office 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	David Buck	
New Registered Office Address:	4423 Kennett St	
	Enter Florida street address	
	North Port	, Florida <u>34288</u>
	Ciņ	Zip 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

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'If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Samantha Brant	4423 Kennett St	🖸 Add
		North Port, FL 34288	
			🗆 Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
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			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u> </u>

document's effective date on the Department of State's records.

record is filed.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

March 26	2024	
Dated	$\overline{\mathcal{O}}$	
A Dec	ignature of a member or authorized represents	itive of a member
David Buck	Typed or printed name of signs	ce

Filing Fee: \$25.00