

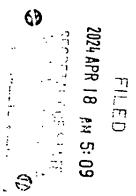
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	E REAL ESTATE MANAGME	NT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark Buck		
		Name of Person	
	BUCKLEE REAL ESTAT	TE MANAGEMENT LLC	
		Firm/Company	
	1220 Northern Way		
		Address	- · · · · · · · · · · · · · · · · · · ·
	Winter Springs , Florida 32	2708	
		City/State and Zip Code	
	brokerbuck@gmail.com	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	·	incomon,
Mark Buck		407 234-5637 at ()	
Name o	of Person		e 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BuckLee Real Estate Managment Co. LI	LC		
(<u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited I	ny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili Florida document number L23000100853	ty Company	were filed on 02/2	24/2023 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liab	ility company hei	<u>re</u> :
BUCKLEE REAL ESTATE MANAGMENT LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	•	N/A	
(Principal office address MUST BE A STREET ADDRESS)			49
-	-		2024
Enter new mailing address, if applicable:		N/A	FIL APR 18
(Mailing address MAY BE A POST OFFICE BOX	2		***************************************
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our re	cords, enter the name of the new register
Name of New Registered Agent:	//A		
New Registered Office Address:		, , , , , , , , , , , , , , , , , , ,	
		Enter Flori	da street address
			, Florida
		City	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 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
			🗖 Add
			□ Remove
			Change
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
		 	Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
e reco ord is f	rd 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 led.
Dated	
	Mach Buck Signature of a member or authorized representative of a member MARK. BUCK
	Signature of a member or authorized representative of a member
	MARK BUCK