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SECRETARY OF STATE
FALLAHASSEE, FLORIO

FILED



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Bucket List LUC 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:
Lamar Davis III Name of Person
The Bucket LIST LLC
4715 West Lawn Ave
10mm F1 33011 City/State and Zip Code
The bucket 154410 ang 1.000 E-mail address: (to be used for future annual report delification)
For further information concerning this matter, please call:
Lange of Person at (904) 290 - 9580 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional 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

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on A	n 0003 and assigned
Florida document number <u>L. 23000/80.366</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
	2 2 11 2 2 11 2 2 11 2 2 2 11 2 2 2
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "L.E.C." or the appreviation "L.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 c 2
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	HE AY
Enter new mailing address, if applicable:	31 SSE
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(Mailing address MAY BE A POST OFFICE BOX)	
	ORD E
D. If we also also we have a large and the second of the s	•
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of the new registered
Nice PN D 1 - JA	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floric	la street address

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
	Davis Davis	4715 W Lawn ave	□Add
			!\range Remove
			□Change
CEO	Lamar F Davis II	4715W Lawn ave	IDAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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cord specifies a delaye s filed.	d effective date, b	out not an effectiv	e time, at 12:01 :	a.m. on the earlier o	f: (b) The 90th (day after the
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