# 124000366877

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

Division of Corporations
SUBJECT: BUCKSHOT PRESERVE
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:
PATTI DUBOSE  Name of Person
- BUCKSHOT PRESERVE LIC Firm/Company
11220 NW 19320 STREET Address
City/State and Zip Code  BULKSTOT PLESCRIE (2) YARD. CON  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATTI DUBOSE 31 (357 ) 340: 3509
Name of Person  at (352) 316 3509  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$\$30.00 Filing Fee & Certificate of Status \$\square\$\$ Certified Copy (additional copy is enclosed) \$

### Mailing Address:

TO:

**Registration Section** 

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

BUCKSHUT PRESERVE		
(Name of the Limited Liability Compa- (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 21, 2024 and assigned	
Florida document number <u>LZ4000 364877</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
BUCKSHOT PRESERVE UC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
	024	_
	8	_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
		-
	01	-
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registe	erec
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	-
	City Zip Code	-
New Registered Agent's Signature if changing Designand A		

#### 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
MLK	PATIL DUBOSE	3625 FLORAMAR TERRIE	[V] Add
		NEW PORT RICHEY, FL 3465Z	□Remove
			□Change
			□Add
			□ Rетюче
			□Change
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
ated _	SETTEMBER ZU ZOZA
ated _	SETTEMBER 74 7674  Molen L. Volume Signature of a member or authorized representative of a member

#### 605.0202 Amendment or restatement of articles of organization.—

- (1) The articles of organization may be amended or restated at any time.
- (2) To amend the articles of organization, a limited liability company must deliver to the department for filing an amendment, designated as such in its heading, which contains the following:
- (a) The present name of the company.
- (b) The date of filing of the company's articles of organization.
- (c) The amendment to the articles of organization.
- (d) The delayed effective date, as provided under s. 605.0207, if the amendment is not effective on the date the department files the amendment.
- (3) To restate its articles of organization, a limited liability company must deliver to the department for filing an instrument, entitled "Restatement of Articles of Organization," which contains the following:
- (a) The present name of the company.
- (b) The date of the filing of its articles of organization.
- (c) All of the provisions of its articles of organization in effect, as restated.
- (d) The delayed effective date, as provided under s. 605.0207, if the restatement is not effective on the date the department files-the restatement.
- (4) A restatement of the articles of organization of a limited liability company may also contain one or more amendments to the articles of organization, in which case the instrument must be entitled "Amended and Restated Articles of Organization."
- (5) If a member of a member-managed limited liability company or a manager of a manager-managed limited liability company knew that information contained in filed articles of organization was inaccurate when the articles of organization were filed or became inaccurate due to changed circumstances, the member or manager shall promptly:
- (a) Cause the articles of organization to be amended; or
- (b) If appropriate, deliver to the department for filing a statement of change under s. 605.0114 or a statement of correction under s. 605.0209.

# **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:			
50DGC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	<del></del>
		Address	
		City/State and Zip Code	····
		to be used for future annual report notifica	ation)
For further information c	concerning this matter, please of	all:	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	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		Street Address: Registration Section	on
Division of C		Division of Corpo	

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

( <u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned
Florida document number		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)	<del>,</del>	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	5.72
	, F	Torida
	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
			□Remove
			□Change
			□Add
			□ Remove
		<del></del>	□Change
			🗆 Add
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Note:	ve date, if other than the date of filing:
e record rd is fil	I 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 ed.
Dated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee