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COVER LETTER

Division of Corp	porations					
BUCK N R SUBJECT:						
	Name of Limi	ed Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.				
	ndence concerning this matter t					
	MALCOLM MCWILLIAM	1S SR				
		Name of Person	_			
	BUCK N RIDGE LLC					
		Firm/Company	_			
	4212 BONWAY DR					
		Address				
	PENSACOLA FL 32504					
		City/State and Zip Code				
	bucknridge@gmail.com E-mail address: (1	o be used for future annual report notification)	-			
For further information of	oncerning this matter, please ca	ıll:				
MALCOLM MCWILLI	AMS	448 219-4907				
Name of Person		at () Area Code Daytime Telephone Numb	er			
Enclosed is a check for t	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status ed Copy nal copy is enclo			
<u>Mailing Addre</u> Registration		Street Address: Registration Section				
Division of C	Corporations	Division of Corporations				
P.O. Box 637 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BUCK R RIDGE LLC

2024 NOV -5 PH 3: 59

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/16/2024 and assigned Florida document number L24000441884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BUCK N RIDGE LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
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			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Typed or printed name of signee