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| (Requesto | or's Name) |
|--------------------------------|------------------------|
| (Address) | |
| (Address) | 1 |
| (City/State | e/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | s Entity Name) |
| (Docume | nt Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing | Officer |

L. SELLERS

MAR 1 5. 2010

EXAMINER

Office Use Only



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03/12/10--01015--005 **30.00

COVER LETTER

| TQ: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: Burbage Finacial Group, LLC 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: | | | | | | |
| Marni Burbage Name of Person | | | | | | |
| Firm/Company | | | | | | |
| 119 Dunmore DR. | | | | | | |
| Jupiter, FL 33458 City/State and Zip Code | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Name of Person at 501, 460 9821 Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability (A Florida I | y Company Limited Lial | as it now ar bility Compa | opears on du ny) | rrecords.) | <u>C</u> | _ | |
|--|---------------------------|---|---------------------|------------------------------|-----------------|----------|--------------|
| The Articles of Organization for this Limited Liability C | Company w 40 | ere filed on | 11/10 | 0/200 | <u>) 9</u> and | i assigr | ned |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limit of t | ties | , | | designation " | 'LLC" or | the abb | reviation |
| Enter new principal offices address, if applicable: | | | | | | | . |
| (Principal office address MUST BE A STREET ADDR | <u>RESS)</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | - | | | | | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office add | | e address | on our reco | ords, enter | the nan | ne of t | he new |
| Name of New Registered Agent: | | | | | = | | |
| New Registered Office Address: | | | | | LCF FCF | 0 1 | energy. |
| | | | Enter Flor | ida street add _, Florida | TARY dransse | R 12 | |
| | (| City | | _ | [27] | Code | 111 |
| New Registered Agent's Signature, if changing Registered | ed Agent: | | | | STATE | 3: 2L | O |

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| : | <u>Name</u> | Address | Type of Action |
|-------------|-------------------------------------|--|--|
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| f amen | ding any other information, enter c | hange(s) here: (Attach additional she | ets, if necessary.) |
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| <u>_</u> | Morch 9, | <u> </u> | |
| d | MBusl | OOIO. 1 | |
| | James Bl | egitter or authorized representative of a mo | ember |

Page 2 of 2

Filing Fee: \$25.00