

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HINSHAW & CHRISTYSON LLP
Account Number : F2011C000011
Phone : (954) 375 1155
Fax Number : (954) 467-1024

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: P.MOYAL@MOYALACCOUNTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BURDIN LLC

Certificate of Status	0
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Estimated Charge	\$25.00

OCT 25 2016
S. YOUNG

15 OCT 24 AM 10:08

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIRODTN 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:

ROSS H. MANELLA, ESQ.
Name of Person
HINSHAW & CULBERTSON LLP
Firm/Company
1 EAST BROWARD BLVD., SUITE 1010
Address
FT. LAUDERDALE, FL 33301
City/State and Zip Code
YMOYAL@MOYALACCOUNTING.COM
E-mail address. (to be used for future annual report notification)

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For further information concerning this matter, please call:

ROSS H. MANELLA, ESQ. at (954) 375-1138
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

BURDIN LLC

(Name of the Limited Liability Company as now registered in Florida)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/04/2015 and assigned Florida document number L15000152214

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 office address, if applicable: 10796 PINES BLVD., SUITE 204
(Principal office address MUST BE A STREET ADDRESS) PEMBROKE PINES, FL 33026


Enter new mailing address, if applicable: 10796 PINES BLVD., SUITE 204
(Mailing address MAY BE A POST OFFICE BOX) PEMBROKE PINES, FL 33026

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: PATRICK MOYAL
New Registered Office Address: 10796 PINES BLVD., SUITE 204
Enter Mailing's street address
PEMBROKE PINES Florida 33026
City Zip Code

New Registered Agent's Signature, If Changing Registered Agent:

I hereby accept the appointment as registered agent and agree in and to 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

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.


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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0217 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The 90th day after the record is filed.

Dated SEPTEMBER 30 2016



RICHARD MARTIN, MANAGER

Type or printed name of signer

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Filing Fee: \$25.00