# LD8000048913

Office Use Only



800230983308

04/26/12--01018--024 \*\*25.00



D. BRUCE

APR 27 2012

**EXAMINER** 

## **COVER LETTER** TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report n For further information concerning this matter, please call: 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,

Certified Copy

(additional copy is enclosed)

#### **MAILING ADDRESS:**

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Burke Aporals (Name of the Limited Liability Compan	as I Group, L	LC
(A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $5-15-20$	<u>008</u> and assigned
Florida document number <u>LD80000 48913</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		· .
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		2
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi		r 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	
	, Florida _	
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> ☐ Add Remove ☐ Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00