

LD800005163H

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

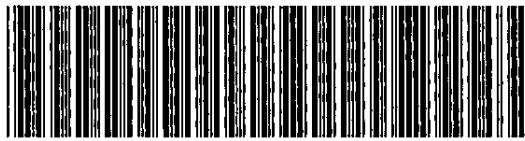
(Document Number)

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12/28/12--01010--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 DEC 28 AM 11:36

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BURL SHEALY 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:

**Burl Shealy**

Name of Person

**Burl Shealy LLC**

Firm/Company

**3931 Deerpoint Lake Drive**

Address

**Panama City, FL 32409**

City/State and Zip Code

**gpblastr@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Burl Shealy**

Name of Person

**850 832-5888**

at **(** 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**

**Burl Shealy LLC**

**(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 4/13/12 and assigned Florida document number L08000056314

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 end with 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)**

12 DECEMBER 28 AM 11:36  
STATE OF FLORIDA  
KATHRYN HASSEY  
REGISTRATION  
FLORIDA  
REGISTRATION

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*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent**

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> | <u>Name</u>       | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|-------------------|-------------------------|---|
| MGRM         | Christopher Gould | 3931 Deerpoint Lake Dr. | <input checked="" type="checkbox"/> Add |
|              |                   | Panama City, FL 32409   | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Add            |
|              |                   |                         | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Add            |
|              |                   |                         | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Add            |
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|              |                   |                         | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Add            |
|              |                   |                         | <input type="checkbox"/> Remove         |

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

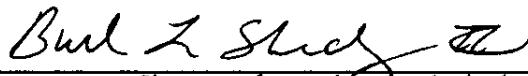
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Dated December 26, 2012



Signature of a member or authorized representative of a member

Burl L Shealy II

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**