

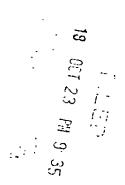
(Requestor's Name)
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(Document Number)
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COVER LETTER

	gistration Sec vision of Corp					
CHD IEZT.	BURL SHEALY LLC					
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspon	dence concerning this matter	to the following:			
		BURL LEE SHEALY II				
			Name of Person			
		BURL SHEALY LLC				
			Firm/Company			
3931 DEERPOINT LAKE DRIVE						
Address PANAMA CITY, FL 32409						
			City/State and Zip Code			
		GPBLASTR@YAHOO.CO				
		E-mail address: (t	to be used for future annual report notifi	cation)		
For further i	nformation co	ncerning this matter, please ca	ill:			
BURL LEE	SHEALY II		850 832-5888			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e following amount:				
\$25,001	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	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for a document number 1.08000056314	filed on 06/09/2008 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	mpany here:
N/A	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	23
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	Q
maing dairess MAT BEATOST OFFICE BOX	<u> </u>
	
. If amending the registered agent and/or registered office acegistered agent and/or the new registered office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	LANCE LEE SHEALY	212 ALLEN AVE PANAMA CITY,FL 32401	
			Remove
			□ Change
MGR	ZACHARY WALLACE	1914 FRANKFORD AVE APT 706, PANAMA CITY,FL 32405	Add
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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	<u> </u>
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or ref. If the date inserted in this block does not meet the applicable statutory filial intent's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605,0
ecord specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
d OCTOBER 1 2018	

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Typed or printed name of signee

Filing Fee: \$25.00