#L 10000025907

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#)
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(B	usiness Entity Name))
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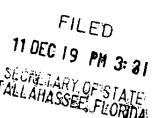
SECRETARY OF SIATE
AMILANASSEELF BORDA

REC 20 2011

COVER LETTER

TO:	Registration S Division of Co				
SURJI	, ECT•	BEVF	REALTY LLC ;		
3000	<u></u>		ited Liability Company	<i>"</i>	<u> </u>
The en	closed Articles o	f Amendment and fee(s) are suit	bmitted for filing.		
Please	return all corresp	oondence concerning this matter	r to the following:		
	•		BEVERLY BURNS		
			Name of Person		
			Firm/Company		
3630 POPLAR STREET NE					
			Address		
		STP	ETERSBURG, FL 337	' 04	_
			City/State and Zip Code		
		BONNIE E-mail address: (.C.MILLER@VERIZON to be used for future annual report	N.NET rt notification)	-
For fur	ther information	concerning this matter, please of	cali:		
	BEV	ERLY BURNS	at (_727_)	647-3885	
	Name	of Person	Area Code & I	Daytime Telephone Num	ber
Enclose	ed 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 end	Certif (Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



BEVREALTY, 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 of Florida document numberL10000025907	on 03/08/20	10 and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	ny here:		
BURNS REALTY & ASSOCIAT	ES, LLC		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office addres	s on our records o	inter the name of the new	
registered agent and/or the new registered office address here:	s on our records, <u>e</u>	nter the hame of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	, riori		
City	, riori	Zip Code	
City New Registered Agent's Signature, if changing Registered Agent:	, Flori	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

. . .

MGR = Manager

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:

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			□ Add _:□ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			-
	······································		-
Dated	12/16 , 20 Dully M	SWW J	
	/ / '	or authorized representative of a member	
		EVERLY BURNS or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00