

L12000021393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 MAR 11 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 31 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BURKINSHAW PROPERTY 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:

Cameron Rae

Name of Person

Burkinshaw Property LLC

Firm/Company

340 S. Lemon Ave Ste. 3121

Address

Walnut, CA 91789

City/State and Zip Code

cjrae79@gmail.com

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

For further information concerning this matter, please call:

Cameron Rae

Name of Person

at ( 813 ) 679-6640

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

Burkinshaw Property 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 2/14/2012 and assigned  
Florida document number L12000021393.

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.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

712 S. Howard

Apt. 435

Tampa, FL. 33606

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

340 S. Lemon Ave

#3121

Walnut, CA. 91789

**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:

same

New Registered Office Address:

same

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 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



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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/26/15

X

Grae

Signature of a member or authorized representative of a member

Cameron Rae

Typed or printed name of signee

FILED  
15 MAR 11 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA