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12 OCT 15 PH 3: 04

OCT 1 6 2012

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KYLE BURNS Name of Person
	BURNS PROPERTY SERVICES, LLC
	PO BOX 561 Address
	BAGDAD FC 32530 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
 	Name of Person at (850) 313.6942 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)} \text{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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT 15 PM 3: 04

Burns PROPERTY SERVICES	suc				
(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 of Florida document number <u> </u>		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the de-	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	636 DEEP	FOREST RD			
(Principal office address MUST BE A STREET ADDRESS)		325%3			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX SUI BANDAD FL 3	32.530			
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

١,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRA	1 RYAN CARLSO	N 7697 DEWBY JERNICIAN RD PACE FL 32571	⊠ Add Remove
Mykn	STEPHANIE COTT	6936 DEEP FREST RD MILTON FR 32583	Add Remove
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)	, o
			TECHT TARY OF STATEON OF CORPORATION 12 OCT 15 PM 3: OL
Dated	October 8	, 2012.	- L NS
		f a member or authorized representative of a member Sugna Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00