

L12000161601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

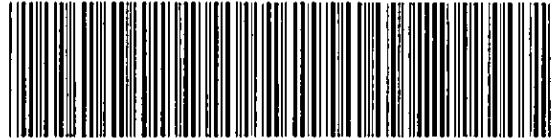
(Business Entity Name)

(Document Number)

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2023 SEP 21 PM 4:36
CLERK OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2023

XAVRAE BURSE
XAVRAE BURSE, PLLC
5200 NW 43RD ST STE 102-313
GAINESVILLE, FL 32606 US

SUBJECT: XAVRAE BURSE, PLLC
Ref. Number: L12000161601

We have received your document for XAVRAE BURSE, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

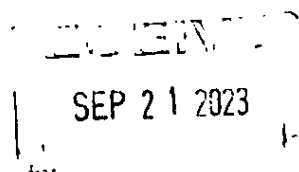
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 723A00019121

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DIVISION OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xavrae Burse, PLLC
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:

Xavrae Burse
Name of Person

Xavrae Burse, PLLC
Firm/Company

5200 NW 43rd St Ste 102-313
Address

Gainesville, FL 32606
City/State and Zip Code

Xavrae@xavraeburse.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xavrae Burse at (352) 443-1396
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

2023 SEP 21 PM 4:37

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

Xavrae Burse, PLLC

(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 12/28/2012 and assigned Florida document number L12000161601.

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 contain 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)

5200 NW 43rd St
Suite 102-313
Gainesville, FL 32606

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ALFALFA, TEXAS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5200 NW 43rd St
Suite 102-313
Gainesville, FL 32606

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 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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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2023 SEP 23 PM 6:37
STATE OF FLORIDA
TALLAHASSEE, FL

2023 SEP 21 PM 4:37
SECURITY OF STATE
TALLAHASSEE, FL

2023 SEP 21 PM 4:37
ST. JOHNS COUNTY, FL
TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

September 19, 2023

Signature of a member or authorized representative of a member

Kavrae Buzze

Typed or printed name of signee