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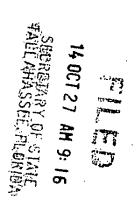
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Lehivers OCT 28 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Burkett's Landscape & Handyman Services (LCC 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:
Michael Lynn Burkett Jr. Name of Person
Burkett's Landscape + Handyman Setvices LCC
7038 48th Ave East
Palmetto FI 34221 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Buckett at (941) 301-5621 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

Burketts Land	dScape & Handyman Services LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on <u>03/17/14</u> and assigned 68.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of the Burke He Property. The new name must be distinguishable and end with the work.	the limited liability company here: Mainten ance ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Michael Burkett
New Registered Office Address:	Palmetto, Florida Tip Code
New Registered Agent's Signature, if changing Re	egistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange. If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Remove
			□ Remove
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			□ Remove

•		additional sheets, if necessary.)
Affective date, if other th		(optional)
	ific, cannot be prior to date of receipt or filed date and by the Florida Department of State)	cannot be more than 90 days after
nic date dis document is filed i		
	Michael Zomon	Burtold a.
Dated	Signature of a member or authorized repres	Rwifeld Ja

Page 3 of 3

Filing Fee: \$25.00

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