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DIVISION OF COME SEALERS

UN 06 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Richard Burke Realty 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:
Richard A. Burke
Richard Burke Realty
PO BOX 2121 Address
Minneola, FL 34755 / City/State and Zip Code homerclese@comcast.net E-mail address: (to be used for future annual report notification)
homerclese@comcast.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard A. Burke at 352, 272 7572 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Kichard Burke Kea	· · · ·
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL\HOOOO76266 This amendment is submitted to amend the following:	were filed on May 12th 2014 and assigned
·	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	
Enter new mailing address, if applicable:	PO Box 2121 2
(Mailing address MAY BE A POST OFFICE BOX)	Minneola, FL 34755
	\(\frac{\gamma}{2}\)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	-
New Registered Office Address:	
	Enter Florida street address
	, Florida
	ир още

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 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 = Manager

AMBR = Auth	orized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard E. Burke	10500 Eggles Bloff Court Clermont, FL 34711	□ Add
		Clermont, FL 34711	Remove
	·		
			□ Remove
			Remove
			_D Add DIVISION COME COME COME COME COME COME COME COME
			FILED EMAY OF SA OF CONT SA N - 2 PM F
			_□ Add ₹
			_□ Remove
			Add
			_ Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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he effective dat	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
Dated Ma	4 21 . 2014 .
	K. Brla
	Signature of a member or authorized representative of a member
	Kichard Allen Burke

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Filing Fee: \$25.00