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S. WARREN AUG 2 9 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
GUD IE	BURZAN I					
SUBJE	CT:		ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Danijela Burzan				
			Name of Person			
		BURZAN LLC				
	1000 Michigan Ave. apt 303					
			Address			
	•	Miami Beach, FL 33139				
			City/State and Zip Code	<del></del>		
		danijela.burzan@gmail.com E-mail address: (	n to be used for future annual report notifi	ication)		
For furt	her information co	oncerning this matter, please ca	all:			
Danijela Burzan		305 7803813 at ()	Telephone Number			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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

BURZAN LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 04/03/2017	and assigned
Florida document number L17000075114	<del></del> •	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
•		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the posistaned agent and/or region	stand office address on our was	ada anton the name of the
B. If amending the registered agent and/or registered agent and/or the new registered office add		rus, enter the name of the
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	City	Florida 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

Page 1 of 3

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>	Type of Action
MGR	Mihailo Prelevic	l Century Ln apt 402	Add
		Miami Beach, FL 33139	■ Remove
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:			_ (optional)			
ote: If the date inserted in this b	lock does not meet ti	he applicable statuto	ng or more than 90 or ry filing requirem	days after filing.) ents. this date	Pursuant will not	to 605 be liste	.020 ed a:
ocument's effective date on the E	repartment of State s	s records.					
e record specifies a delaye	d effective date,	but not an effec	tive time, at 1	12:01 a.m. (	on the	earlie	er o
The 90th day after the red	cord is filed.						
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08/21	Signature of a memb	er or authorized represe		ा		28	
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Filing Fee: \$25.00