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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/21/17--01005--023 **25.00 (C)

2017 NOV 20 AM 19:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUR TRANS LLC
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:

OLEKSANDER BURDEINYI

Name of Person

BUR TRANS LLC

Firm/Company

2999 NE 191 STREET SUITE 900

Address

AVENTURA FL 33180

City/State and Zip Code

burdya78@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLEKSANDER BURDEINYI

904

903-8813

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BUR TRANS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 22 AM 3:29

The Articles of Organization for this Limited Liability Company were filed on 07/17/2017 and assigned
Florida document number L17000152673

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**)

2241 WAHINE DRIVE EAST

JACKSONVILLE FL 32246

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2241 WAHINE DRIVE EAST

JACKSONVILLE FL 32246

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:

OLEKSANDER BURDEINYI

New Registered Office Address:

2241 WAHINE DRIVE EAST

Enter Florida street address

JACKSONVILLE

Florida 32246

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
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			<input type="checkbox"/> Change

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17 NOV 22 AM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/15/2017

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 11/15 2017

Signature of a member or authorized representative of a member

OLEKSANDER BURDEINYI

Typed or printed name of signee