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Amend Man

JUL 12 2019
I ALBRITTON

COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJI	SCT:	Burton Name of Limi	3 MCO.O LL ted Liability Company	<u></u>
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Lau	How Burton Name of Person	
		_	urton 3 MEad	
		1/09 C	athcart circ	le
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report norther	muil cons
For fur	ther information cor	ncerning this matter, please ca	II:	
	AU HA Name of I		at (407) 773 - Area Code Daytime	- 3937 Telephone Number
Enclos	ed is a check for the	following amount:		
\$ \$2:	5.00 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)
-		NG ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Burton 3 M	read LLC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01123 2018 and assigned
Florida document number <u>L180000 20863</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
HPRX Arborcar	e lic
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1270 Biscayne Bivd
(Principal office address MUST BE A STREET ADDRESS)	unit 7,8
	Deland II, 32720
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR ≥	: M	ana	ıger

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Add
		☐ Remove	
		Change	
		□ Remove	
		☐ Change	
		Remove	
		□ Change	
		Add	
		☐ Remove	
		Change	
	 		
		☐ Remove	
			☐ Change

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Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed.
Dated	June 23 . 2019
	Signature of a member of authorized representative of a member
	Lauta Buston Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00