U80005	3427
(Requestor's Name) (Address) (Address)	500313735465
(City/State/Zip/Phone #)	05/23/1801004024 ★★28.00
Certified Copies Certificates of Status	
Office Use Only	J. LEGGETT MAY 29 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

BURUNDUK 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:

LYUBOV YOUNG

Name of Person

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC

Firm/Company

3110 SPRING GLEN RD.

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

LYUBA@TAXDOMAIN.NET

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

For further information concerning this matter, please call:

LYUBOV YOUNG

 IG
 904
 396-6777

 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

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\$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

BURUNDUK LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>02/28/2018</u> and assigned Florida document number <u>L18000053427</u>

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 "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
······································	···· •
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida

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 an 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

.....**X**

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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>	Name	Address	Type of Action
AMBR	KLENIN, SERGII	144 TRINIDAD CT.	O Add
		PONTE VEDRA BEACH, FL 3208	Remove
			Change
			Add
			🖸 Remove
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			Change
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	May 24 ROIS
	Signature of a member or authorized representative of a member
	Klemm SCRAII
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00