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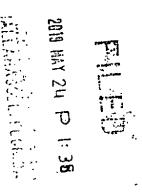
(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Bu	isiness Entity Nan	ne)		
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Certified Copies	Certificates	of Status		
Special Instructions to	Eiling Officer:			
Special Instructions to Filing Officer:				
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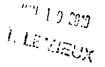




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05/24/19--01012--060 \*\*25.00





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Austin Burris,LLC	FILED
(Name of the Limited Liability	UCompany as it now appears on our records.) Limited Liability Company)
(A FIORIGA	2019 HAY 24 P 1: 35
The Articles of Organization for this Limited Liability C	oppositive filed on June 15, 2018 and assigned
1 10000149045	ompany were filed on June 15, 2018 and assigned TALLAHASSEE, FEUNIVA
Florida document number L18000148045	TALLAHASUEL REUMUR
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
N/A	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	1912 5152 rd 215
Enter new principal offices address, if applicable:	4160 0W 20 HUE
(Principal office address MUST BE A STREET ADDR	(ESS) BAY # 4/1
	DAVIE FL 33314
Enter new mailing address, if applicable:	122 y N. 13 W
(Mailing address MAY BE A POST OFFICE BOX)	Holly 11000 Fr 33020
P. If amonding the registered agent and/or registered	tored office address on our mounts enter the name of the
registered agent and/or the new registered office addi	tered office address on our records, <u>enter the name of the nev</u>
registered agein and/or the new registered office addi	<u> </u>
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Enter Pioriaa street adaress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	   Agent:
•	
	ind agree to act in this capacity. I further agree to comply with the
	omplete performance of my duties, and I am familiar with and
	ent as provided for in Chapter 605, F.S. Or, if this document is defice address, I hereby confirm that the limited liability
veing fuca in merety reflect a change in the registered	и фунсе аванезя, і неневу сощит тасте итива навину

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to mansor removed from our records:  MGR = Manager AMBR = Authorized Member		manage, enter the title, name, and ad	nage, enter the title, name, and address of each person being added	
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	AustinBurris	1224north15thcourt		
			■ Add	
			Remove	
			Change	
<del></del>				
			Remove	
			Change	
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			Add	
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			Change	
			□ Remove	
			Change	
		Remove		
			□ Chance	

). If ame	nding any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
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Effecti	ive date, if other than the date of filing:	(optional)
Note:	ective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a ent's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( applicable statutory filing requirements, this date will not be listed as the ords.
he red	ord specifies a delayed effective date, bu 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated	5/21/2019	<u> </u>
	Asti Po	
	Signaturé of a mefiber of	r authorized representative of a member
	Austin Burris	
	Typed or	printed name of signee
		printed name of signee

Page 3 of 3

Filing Fee: \$25.00