## L18000148045

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

2028 \*\*\* \* \* 2: 03

July 24, 2020

AUSTIN BURRIS AUSTIN BURRIS, LLC 1224 N 15TH CT HOLLYWOOD, FL 33020

SUBJECT: AUSTIN BURRIS, LLC

Ref. Number: L18000148045

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THERE ARE NO APPARENT CHANGES MADE ON THE AMENDMENT FORM. PLEASE COMPLETE AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00013907

Susan Tallent Regulatory Specialist II

www.sunbiz.org



June 15, 2020

AUSTIN BURRIS AUSTIN BURRIS, LLC 1224 N 15TH COURT HOLLYWOOD, FL 33020

SUBJECT: AUSTIN BURRIS, LLC

Ref. Number: L18000148045

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00011754

## **COVER LETTER**

TO: Registration Se Division of Cor			 	
SUBJECT:	AUSH	n Burris	LLC 15	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Austi	Name of Person		
	Austin	BUMS LI	<u>, (</u>	
	1224 1	1 15 <sup>th</sup> (+)	Hollywood	
	Hollywa	Od FU City/State and Zip Code	33020	
	E-mail address: (	15 77 © Co	33020 Fry Ci 1 · Com	
For further information c	oncerning this matter, please c	all:		
Austi	n	at (954)	895-1983	
Name o	f Person	Area Code	895-1983  Daytime Telephone Number	<del></del>
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	Certificate (Certified Certified Cer	of Status &
Mailing Address Registration 5			Address: ration Section	
Division of C			on of Cornerations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

AUSH BUY	d Liability Company as it now appears on	our records )	
(1.2012.01.111.13.111.11	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.	
The Articles of Organization for this Limited Lia Florida document number <u>L18000148</u>	ability Company were filed on <u>06</u> 045	15/2018	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	<del></del>	· ·
(Principal office address MUST BE A STREET	TADDRESS)		
			202
			2079 AUG
Enter new mailing address, if applicable:			6
(Mailing address MAY BE A POST OFFICE E	30X)		9
		•	<u> </u>
			6: 2
B. If amending the registered agent and/or re agent and/or the new registered office address		ds, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	Alan Burns		
New Registered Office Address:	1224 N 15th Ct	was aldama	
		reet uaaress	77070
	Hollywood	Florida _	33020 Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		raji Coue

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>	Address	Type of Action
MGR	Alan Burns	1224 N 15th Ct	DAdd
		Hollywood, FL 33020	□Remove
			□Change
	<del></del>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
rd is fi	rd 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 led. July 8 m
Dated	07/08/2020 , $2020$
	MIN
	Signature of a member or authorized representative of a member