

# L18000216411

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

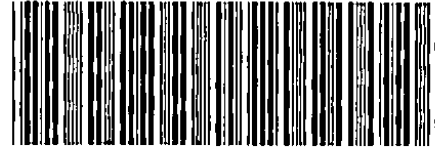
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



3003347506

10 07 15--01 145--01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 25 2019

ROBERT E. BONE JR., P.A.  
ATTORNEY AT LAW

918 W. Main Street  
Leesburg, Florida 347  
Phone 352-315-005  
Fax 352-326-0049

October 3, 2019

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: KH BURKE LLC  
ARTICLES OF AMENDMENT  
Ref. Number: L18000216411**

Dear Sir or Madame:

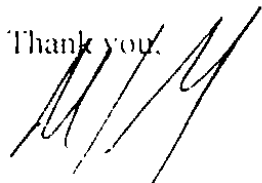
Please find enclosed the following documents for processing:

1. Articles of Amendment and filing fee;
2. Our check for \$25.00

Please process the amendment changing the business and mailing address.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you,



Robert E. Bone, Jr.

Enclosures: As noted

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KH BURKE, 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:

ROBERT E BONE JR, ESQ

\_\_\_\_\_  
Name of Person

ROBERT E BONE JR PA

\_\_\_\_\_  
Firm/Company

918 W. MAIN ST.

\_\_\_\_\_  
Address

LEESBURG, FL. 34748

\_\_\_\_\_  
City/State and Zip Code

PLARIS1@AOL.COM

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

For further information concerning this matter, please call:

ROBERT E BONE JR, ESQ

352 315-0051

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

TO  
**ARTICLES OF ORGANIZATION**  
**OF**

KH BURKE 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 SEPTEMBER 11, 2018

Florida document number 800318362428

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 abbrevi

**Enter new principal offices address, if applicable:**

43600 SR 19

**(Principal office address MUST BE A STREET ADDRESS)**

ALTOONA, FL. 32702

**Enter new mailing address, if applicable:**

43600 SR 19

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

ALTOONA, FL. 32702

**B. If amending the registered agent and/or registered office address on our records, enter the new  
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 Co

**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 co  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lial  
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

OF REMOVED FROM OUR RECORDS:

**MGR = Manager**

**AMBR = Authorized Member**

**Title**

**Name**

**Address**

\_\_\_\_\_

---

---

---

\_\_\_\_\_

\_\_\_\_\_

---

---

---

---

---

---

---

\_\_\_\_\_

---

---

---

---

\_\_\_\_\_

\_\_\_\_\_

---

\_\_\_\_\_

\_\_\_\_\_

22 *Journal of Law, Economics, & Organization*, V21 N1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ A

□ R.

□ C

E. Effective date, if other than the date of filing: September 30, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 3, 2019

Signature of a member or authorized representative of a member

KEVIN J. KITCHEN

Typed or printed name of signee