U8000219418

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300338086163

12/16/19--01009--006 **30.00

2010 DEC 18 EN IL O

DEC 1 6 2019 S. YOUNG 19 DEC 16 AHTT: 09

COVER LETTER

Division of Corpo	orations		
SUBJECT: <u>BUR</u>	Name of Limi	S LLC DBM	HOME LIFE
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	JON H	ARDIC Name of Person	
For further information cor	BURN MAILING 1025 W 19 # 28A PAN AMA CI 32403 JONE D He Re-mail address: (Address City/State and Zip Code The Forest Code to be used for future annual report notification to be used for future annual report notification.	SICAZ 2135 HWY 231 PANDAMA CITY FL 32405 ESP ication)
		ગા ()	
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
25.00 Filing Fee	U \$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:		Street Address:	

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

, ,		1 6 6
BURN THE BOAT L		一三男刀
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	一番の日
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1800219418</u>	ny were filed on	and assigned
This amendment is submitted to amend the following:)9 [] A
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1025 W 197H ST	_
(Mailing address MAY BE A POST OFFICE BOX)	Production (FI 3	32405
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	· · ·	
	Enter Florida street address	
	, Florid	
	City	Zip Code

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 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 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 7	HOWAS	Address	Type of Action
AMBR	BRYAN	LANESTRICI	F128 BRYD DR	□Add
		LANRENCE	PHOLANDATY FZ	L Remove
			32404	□Change
				□Add
				□Remove
				□ Change
		 		DAdd
			□Remove	
				🗆 Change
				□Add
				□Remove
				□ Change
www.dd.dd-1-4-1-7-5				□Add
				□Remove
				□ Change
				🗆 Add
				□Remove
				(T)Change

11 21111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is f	
Dated	12/16/19
	Signature of a member or authorized representative of a member
	Joseph Jan C

Filing Fee: \$25.00