8000265132

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	AUG 2 4 2022	

Office Use Only



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2022 AUG 24 PM 2: 53

2022 AUS 24 PH 2: 46

With the total Condi-

COVER LETTER

	egistration Sectionivision of Corpor			•	7
SUBJECT		BLGG D Name of	BBUKE C Limited Liability Company	n terpris	ies LLC
The enclos	sed Articles of Am	endment and fee(s) are	e submitted for filing.		
Please rete	ırn all corresponde	nce concerning this m	atter to the following:		
		Macha BBUN	Name of Person Firm/Company	n Buri Priscs L	ke LC
		2605 Telle	Parther C	Creek & 1308	21_
	-	1 4 1 1 CA Brand addr	City/State and Zip Coc	. /	
For furthe	r information cone	erning this matter, ple	ase call:		
_//	Name of Pe	S Burke	at (<u>850</u>) Area Code	570-9 Daytime Telephon	777 7 e Number
Enclosed	s a check for the fi	ollowing amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Stat		enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>.</u>	Mailing Address:	ition		Address:	

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

FILED

B. Burke Forterprises (Lability Company as it now appears on our records.) FALL AHASSEE. FILE
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned
Florida document number <u>LISO00 2(6) 1</u>	<u>2</u> x	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ke LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records	. enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida stre	et address
	Cons	, Florida Zip Code
	City	Z10 C 0av

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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			bbA □
			□Remove
			□Change

					
				 	
					
					
					
					
					
ite: If the date	other than the date of listed, the date must be speci nscrted in this block does we date on the Departmen	anot meet the applicat	o date of filing or more the	(optional) an 90 days after filing.) Pur uirements, this date will	suant to 605.020 not be listed a:
ecord specifies as filed.	i delayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	ith day after the
ted	<u> </u>	<u></u>	- R. K		
	Signatur	e of a member or author	rized representative of a	member	
-		12	\mathcal{L}	V	
	Killy lace	170000	an 1)111	~ 0	

Filing Fee: \$25.00