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COVER LETTER

	stration Session of Cor			
	Búrke's Blu	ėline Services, LLC		
SUBJECT: _		Name of Lim	sited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Mark E. Burke		
			Name of Person	<u> </u>
		Burke's Blueline Services,	LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		974 Coronado Drive		
		- • · ·	Address	· · · · · · · · · · · · · · · · · · ·
		Gulf Breeze, Florida 3256	3	
			City/State and Zip Code	
		BurkesBluelineServices@g		
For further in	formation co	h-mail address: (oncerning this matter, please c	to be used for future annual report notificationall:	n)
Mark E. Burk	(e		850 572-8890	
	Name of	Person		phone Number
Enclosed is a	check for th	e following amount:		
≌ \$ 25,00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address	_	Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporate	tions
	. Box 632		The Centre of Tallah	
Tallahassee, FL 32314		1. 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Burke's Blueline Services, LLC

2010.1 | 20 | 11 0:50

The Articles of Organization for this Limited Liability Company were filed on April 15, 2020 and assigned
Florida document number L20000104085

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 abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
Pres.	Mark E. Burke	974 Coronado Dr	
_			————
		Gulf Breeze, Florida 32563	□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Changa

	as registering agent and my daughter Mackenzie Burke, as Vice President.
If an e <u>Note</u>	ive date, if other than the date of filing:
ie reco ord is	ed 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.
Date	June 24 2020
	1 - 2 1

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Filing Fee: \$25.00