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(((H230001743173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 Fax Number : (941)745-2093

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: BURKE'S DC TX, LLC

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COVER LETTER

TO: Registration 5 Division of Co			
Burke's D	C TX, LLC		
3050001	Name of Lin	ited Liability Company	· · ·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	condence concerning this matter	-	
	Eileen Pennington		
		Name of Person	
	Blalock Walters, P.A.		
		Firm/Company	
	802 11th Street West		
		Address	
	Bradenton, Florida 34205		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	cpennington@blalockwalter		
	E-muil address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please or	ıll:	
Eileen Pennington		94] 748-0100 at ()	
Name	of Person	Areu Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
€ \$25,00 Filing Foc	☐ \$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 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Burke's DC TX, LLC		
(Nume of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Limbility Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on September 17, 2020	and assigned
Florida document number		
This amendment is submitted to amond the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Beail's DC TX, LLC		
The new name must be distinguishable and contain the words "Limited Liab	nility 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)		202
		73
		E .
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
		<u>.</u>
		- 16
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nat	ne of the new registere
Name of New Registered Agent:		
Name of New Negastered Agent,		·· ····
New Registered Office Address:	Enter Florida street address	
	, Florida	ZIp Code
	CHY	2137 COAD

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.

_____ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
Title	Name	Address	Type of Action
			DAdd
			□ Remove
			Cliange
			□Add
			□Remove
			□ Change
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			□ Reniove

ll'an e <u>Note</u>	tive date, if other than the date of filing:
reco	ord 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 ited.
	May 8 , 2023.

Typed or printed nume of signee