L21000152072

(F	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



600364892626

04/26/21=+01011=-007 **25.00

2021 JUN 22 PM 1: 45 SCORETARY OF STATE

brund

JUN 23 2021

D CUSHING

COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJE	~r. 5	SUSAN MEIE	R BURKE L	LC
SOBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Sus	an M BURKE	SECRETALITY OF REAL PROPERTY OF THE PROPERTY O
			Name of Person	
		Jus	SAN MEIER BU Firm Company	RKE LLCER 20
		^	,,	一
ŧ		13100	cean Grande 1	3/Va # 40-5
		Jupi	Address The FL 334 City/State and Zip Code Can burke char	477
		,	City/State and Zip Code	460000
		E-mail address: (to be used for future annual report notif	Gestion)
For furt	her information	concerning this matter, please c	all:	
	5 45a	n Burke	at (<u>423)</u> 400 Area Code Daytime	8317 e Telephone Number
Enclose	d is a check for	the following amount:		
□ \$25	5,00 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 Addre		Street Address: Registration Sec	ction
	Registration	Section Corporations	Division of Cor	
	P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.c 3

	OF	
JUSAN M	EIER BURKE.	467 2
	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number		202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u></u>
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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	Address	Type of Action
AMBR	SUSAN M BURKE	131 Ocean Grande Blut	, _ \ Add
		#405 Jupitur F1 33477	□Remove
		JUDITUT PT 33471	Change
			□Add
			□Remove
ı			Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			Change
•			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
-	
-	
-	
_	
-	
-	
-	
-	
-	
-	
_	
ote;	ive date, if other than the date of filing: [etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Lis fi	d 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.
ated	June 22 . 2021. Signature of a member or authorized representative of a member
	Susan M Buske
	Signature of a member or authorized representative of a member
	JUSAN M BURKE Typed or printed name of signce