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COVER LETTER

Division of C	Corporations	
SUBJECT: Burfam	MB LLC	
NODSECT.	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Ben Burgos	
	Name of Person	
	Burfam MB LLC	
	Firm/Company	
	9180 W. BAY HARBOUR DRIVE #4C	
	Address	
	BAY HARBOR ISLAND, FL 33154	
	City/State and Zip Code	
	burfam1@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	2021 SEP 24
Ben Burgos	305 606 4157 at ()	
Nane	e of Person Area Code Daytime Telephone No	umber
Enclosed is a check for	r the following amount:	25 - 2
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: 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

Burfam MB LLC			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. mited Liability Company))	
The Articles of Organization for this Limited Liability Company were filed on 05/18/2021		and assigned	
lorida document number L2100022650			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	- : 20	
		<u> </u>	
		CE SED	
Inter new mailing address, if applicable:		2	
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ffice address on our records, <u>enter t</u>	he name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor		
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Burgos Durango, Mauricio	9180 W. BAY HARBOUR DRIVE #4C	
		BAY HARBOR ISLAND, FL 33154	■Remove
			Change
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fective date, if other than the d	late of filing:	(optional) ng or more than 90 days after filing.) Pursuant to (505 D20
10 de la	ck does not meet the applicable statutory	ry filing requirements, this date will not be I	isted a
	partment of State's records.		
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