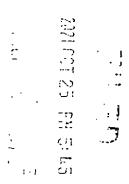


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/35/21--01015--023 **25.00



COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			•	
J BURRO	WS ENTERPRISES LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JUSTIN BURROWS			
		Name of Person		
	 	Firm/Company		
	5770 15TH AVE N			
	 	Address	7.00	202 ()
	ST. PETERSBURG FL 33	710		2021 CCT 25
	JUSTIN.BURROWS@YA	City/State and Zip Code HOO.COM to be used for future annual report no	tification)	25 F:
For further information of	concerning this matter, please c	·	,	9
JUSTIN BURROWS		727 831-3378		<i>ن</i> ا
Name o	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre Registration Division of C P.O. Box 633	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J BURROWS ENTERPRISES LLC

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

d claimty Company)	
ty were filed on 10-12-21	and assigned
ability company here:	
ibility Company." the designation "LLC" or the	abbreviation "L.L.C."
	· · · · · · · · · · · · · · · · · · ·
e address on our records, <u>enter the na</u>	me of the new registere
Enter Florida street address	
Florida	
Ciry	Zip Code
it:	on on
gree to act in this capacity. I further a te performance of my duties, and I am	
	ability company here: bility Company." the designation "LLC" or the Enter Florida street address

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	JUSTIN BURROWS	5770 15TH AVE N ST. PETERSBURG FL 33710	ĦAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records	able statutory filing requirements, this date will not be liste:
ecord specifies a delayed effective date, but not an effective t is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after
0CTOBER 21, 2021	·
$\alpha \sim 10^{-1}$	
Signature of a mamber or auch	orized representative of a member

Filing Fee: \$25.00