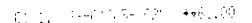
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(Requestor's Name)
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(Document Number)
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A. BUTLERJAN 26 2022

COVER LETTER

Genuine Car SUBJECT:			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nicholas Burke		
		Name of Person	
	Nicholas Burke, LLC		
		Firm/Company	
	2906 Riverbend Walk		
		Address	
	Fernandina Beach FL 320	134	
		City/State and Zip Code	
	nickburkehomes@gmail.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
Nicholas Burke		904 557-1440	
Name of		at ()	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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)
BAT (115 on A. J. J. annual	_	S	

Mailing Address:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
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

Genuine Care, LLC	** W & d	
(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)	
(A FOLIALISM	· .	$_{ej}(\mathcal{E})$
he Articles of Organization for this Limited Liability Com	many were filed on November 15, 2021	and assigned
lorida document number 1.21000491441		
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
Sicholas Burke, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>	
		_
		
11		
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	 	
3. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the</u> i	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Thank Of their registered rigent.	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1

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>	Address	Type of Action
			□Add
			□ Псетюче
			Change
			□Remove
			□Change
			□Remove
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lf an effe <u>Note:</u>	ve date, if other than ective date is listed, the date If the date inserted in thi ent's effective date on th	must be specific an s block does not	id cannot be prior to meet the applicab	date of filing or more	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605.0207
e record rd is file	d specifies a delayed effe ed.	ctive date, but no	t an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated]	January 6.	•	2022			
Jaicu ₋	Vahale	Burk	mambar or outland	zed representative of	a member	
		anguature Or a	TOGETHER FOR AUTHORIT	z ca redresemante or	O DESCRIPTION A	
				-		

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