

W22000137553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

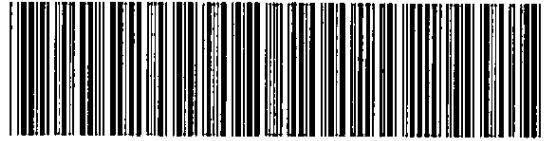
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2022 JUN 13 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Burke Mosinak LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Mosinak  
Name of Person

Burke Mosinak LLC  
Firm/Company

4180 Sherwood Blvd.  
Address

Melbourne, Florida 32935  
City/State and Zip Code

BMCLOTHINGFL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Burke at (321) 419-5802  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**  
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

FILED

Burke Mosinak LLC 2022 JUN 13 PM 2:44

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

The Articles of Organization for this Limited Liability Company were filed on March 21, 2022 and assigned Florida document number L22000137553.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Burke Mosinak Company LLC

The 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:

4180 Sherwood Blvd. Melbourne

**(Principal office address MUST BE A STREET ADDRESS)**

Florida, 32935

Enter new mailing address, if applicable:

4180 Sherwood Blvd. Melbourne, FL

**(Mailing address MAY BE A POST OFFICE BOX)**

32935

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Mosinak	4180 Sherwood Blvd	<input checked="" type="checkbox"/> Add
		Melbourne FL, 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Burke	874 Beacon St NW	<input checked="" type="checkbox"/> Add
		Palm Bay FL, 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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