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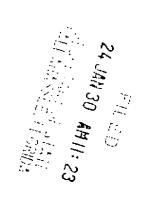
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PICK-UP	WAIT MAIL
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Certified Copies Certificates of Status	
Special Instructions to Fi	iling Officer
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COVER LETTER

	Registration Se Division of Cor			
CHD IEC		M BURNS LLC		
SUBJEC	.1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		MARK A. BURNS		
			Name of Person	
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: MARK A. BURNS				
			Firm/Company	
	HERONDALE Firm/Company 10254 HART BRANCH CIRCLE Address ORLANDO, FL 32832 City/State and Zip Code MALEXBURNS@GMAIL.COM			
			Address	
		ORLANDO, FL 32832		
		-		
For furthe	er information co		·	cation)
		sheering in a matter, prease es		
		_		
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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 S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



BUY FROM BURNS LLC

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

The Articles of Organization for this Limited Liability Compa	any were filed on 05-25-2022	and assigned
Florida document number L22000242971		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
HERONDALE LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
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:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	<u>-</u>	·- ··
New Registered Office Address:	Enter Florida street address	
	£1 swie	l.s.
	, Floric	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 **Type of Action** Title Name Address _____ □Add ______ Change _____ □Change □Remove ______ □Change _____ □Add _____ □Remove _____ Change _____ □Add _____ □Change □Add __ □Remove _____ Change

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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mu	st be specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to	605.0207
tote: If the date inserted in this bocument's effective date on the E	ock does not meet the applications.	able statutory filing requi	rements, this date will not be	e listed as i
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Filing Fee: \$25.00