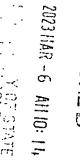


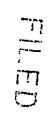
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COVER LETTER

• • • • • • • • • • • • • • • • • • • •	istration Sec sion of Corp			
SUBJECT:	Burchi	II LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jesse Burchil	l	
		-	Name of Person	
		- · ·	Firm/Company	
		7901 4TH ST	N STE 300	
			Address	
		ST PETERS	SBURG, FL 337	02
		<u> </u>	City/State and Zip Code	
		jsterling8@ao		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	neerning this matter, please co	all:	
Jesse	Burchi	II	813 、679-3468	8
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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)
Reg Div P.O	ing Address istration S ision of Co . Box 6327 ahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroo Tallahassec, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our re- ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000024653</u>	pany were filed on 01/11/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Kelly Barfield Burchill, 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:	_	
Principal office address MUST BE A STREET ADDRES.	S)	-
		2023
		HAR T
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		90 3 117
		Tion of U
3. If amending the registered agent and/or registered of	ice address on our records, <u>en</u>	ter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
_		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Burchill LLC

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		□Remove	
			□Change
			□ Add
			□Remove
			□Change
			DAdd
			<u> </u>

	<u> </u>
(If an et Note:	tive date, if other than the date of filing: Gettive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	February 27th 2023
	Men M

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Typed or printed name of signee