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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/28/23--01011--021 **25.00



COVER LETTER

TO: Registration Se Division of Cor				
BURGESS	BOYZ, LLC		-	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	GRGORY L. BURGESS			
		Name of Person		-
	BURGESS BOYZ, LLC			
		Firm/Company		-
	1207 N. 31ST			
		Address		
	FORT PIERCE, FL. 3494	7		
		City State and Zip Code		ස
	BUGESSROY1967@ GM:			
		to be used for future annual report not	tification)	: ز : ۷
For further information of	oncerning this matter, please c	all:		: \
KIMBERLY PAUL		772- 924-6159		
Name o	f Person	at () Area Code Daytir	ne Telephone Numbe	ſ
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	ate of Status &
Mailing Addre Registration		Street Address: Registration S	ection	
Division of (Division of Co	orporations	
P.O. Box 633		The Centre of	Tallahassee oe Street. Suite	810
Tallahassee.	LF 27314 .	24 (U.N. MOIII	or oncer ounce	

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BURGESS BOYZ, 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 Company were f	iled on 03/27/2023 and assigned
Florida document number L23000154366	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "L.E.C." or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	一
	. 28
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	. Floridain: Zin Code

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>	<u>Address</u>	Type of Action
AMBR	GREGORY L. BURGESS	1207 N. 31st.	= Add
		FORT PIERCE, FL. 34947 -	□Remove
		<u></u>	□Change
MGR	GREGORY L. BURGESS	1207 N. 31ST	■Add
		FORT PIERCE, FL. 34947	⊒Remove
			□Change
	-		Remove
	,		□Add □Remove
			IChange
			□Add
			□Remove
			□ Change
			□Add
	·		□Remove
		•	TChange

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04/24/2023	(antique)
ective date, if other than the date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed
union series are on the reparament or state a records.	
ecord 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
is filed.	
Signature of a member or authorized repre	