

L23000277030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

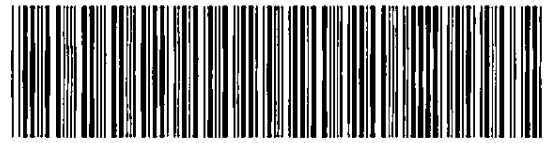
(Business Entity Name)

(Document Number)

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11/27/23--01046--012 \*\*60.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Burdee 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:

Christine Burt  
Name of Person  
Burdee LLC  
Firm/Company  
15431 SW 15th Terrace Rd  
Address  
Ocala, FL 34473  
City/State and Zip Code  
Burdee411@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Burt at (262) 757-5176  
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**

Burdee 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 filed on June 7, 2023 and assigned Florida document number L23000277030.

This amendment is submitted to amend the following:

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

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:**

15431 SW 15th Terrace Rd

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

Ocala, FL 34473

**Enter new mailing address, if applicable:**

15431 SW 15th Terrace Rd

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

Ocala, FL 34473

**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:

Christine M Burt

New Registered Office Address:

15431 SW 15th Terrace Rd

*Enter Florida street address*

Ocala

Florida 34473

*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	Christine M Burt	4436 E. Avocet Ct	<input type="checkbox"/> Add
		Inverness, FL 34453	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christine M Burt	15431 SW 15th Terrace Rd	<input checked="" type="checkbox"/> Add
		Ocala, FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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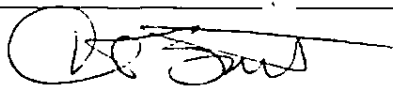
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective 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)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 24, 2023



Signature of a member or authorized representative of a member

Christine M Burt

Typed or printed name of signee