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TO: Registration Division of	n Section Corporations		
BURN	r skies		
SUBJECT:	Manage of Limits	ed Liability Company	
	Name of Limite	ed Diability Company	
The enclosed Article	s of Amendment and fee(s) are subm	itted for filing.	
Please return all corr	espondence concerning this matter to	the following:	
	MICHAEL LATINI		2021 SE
		Name of Person	
	BURNT SKIES		2024 APR 10 SECRETARY TALL ARA
		Firm/Company	
	11332 HIDDENT TREASU	RE COURT	A OF STATE
	<del></del>	Address	——————————————————————————————————————
	NEW PORT RICHEY, FL, 3	4654	
	LATINI235@VERIZON.NE	City/State and Zip Code	<del></del>
	E-mail address: (to	be used for future annual report notifica	ition)
For further informat	ion concerning this matter, please cal	1:	
TERA LATINI		727 5147974	
		at ()	elephone Number
N:	ame of Person	Area Code Daytime T	elepnone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)
	Idress: ion Section	Street Address: Registration Secti	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**BURNT SKIES** (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 March 26, 2024 and assigned Florida document number L24000145986 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: (Principal office address MUST BE A STREET ADDRESS) 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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
MGR	TERA LATINI	11332 HIDDEN TREASURE COURT NEW PORT RICHEY, FLORIDA 34654	
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APRIL 03	2024	·					
MICHAEL LATINI							
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