

LD9000122951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

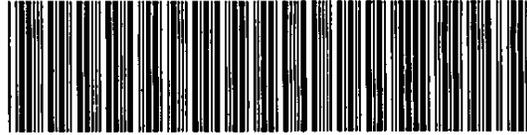
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/11

Office Use Only



400284215644

04/06/16--01004--012 \*\*25.00

FILED  
2016 APR 26 P 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2016

JOHN W. STANTON  
527 NE 8TH AVE  
GAINESVILLE, FL 32601

SUBJECT: BRASS RING HOLDING, LLC  
Ref. Number: L09000122951

We have received your document for BRASS RING HOLDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00007119

2016 APR 26 P 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRASS RING HOLDING, 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:

**JOHN W STANTON**  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
**527 NE 8TH AVE**  
\_\_\_\_\_  
Address  
  
**GAINESVILLE, FL 32601**  
\_\_\_\_\_  
City/State and Zip Code  
  
**STANTONJW@GMAIL.COM**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED  
FEB 26 2007  
CORPORATION DIVISION  
TALLAHASSEE, FL

For further information concerning this matter, please call:

**JOHN W STANTON** at ( **954** ) **646-1639**  
\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

BRASS RING HOLDING, 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 12/29/2009 and assigned Florida document number L09000122951.

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)**

527 NE 8TH AVE  
GAINESVILLE, FL 32601

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

527 NE 8TH AVE  
GAINESVILLE, FL 32601

**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:**

JOHN W STANTON

**New Registered Office Address:**

527 NE 8TH AVE

*Enter Florida street address*

GAINESVILLE

*City*

Florida

32601

*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.*

  
4-14-2016  
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>
MGR	JOHN W STANTON	527 NE 8TH AVE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID D STANTON	3429 W UNIVERSITY AVE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 APR 29 10:57 AM  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

