

L14 000157824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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15 APR -6 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. CARROTHERS

APR 08 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

MARLA GREENOUGH
BRIX CONSTRUCTION LLC
478 E ALTAMONTE DR STE 108-729
ALTAMONTE SPRINGS, FL 32701

SUBJECT: BRIX CONSTRUCTION, LLC
Ref. Number: L14000157824

We have received your document for BRIX CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

THE FORM YOU SUBMITTED IS FOR A PROFIT CORPORATION.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 115A00005762

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRIX CONSTRUCTION, 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:

MARLA GREENOUGH

Name of Person

BRIX CONSTRUCTION, LLC

Firm/Company

478 E. ALTAMONTE DR., SUITE 108 - 729

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

mgreenough@brixconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLA GREENOUGH

Name of Person

386

at ()

Area Code

742-9399

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**

BRIX CONSTRUCTION, 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 10/09/2014 and assigned
Florida document number L14000157824

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

(N/A)

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

478 E. ALTAMONTE DR.

SUITE 108 - 729

ALTAMONTE SPRINGS, FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

478 E. ALTAMONTE DR.

SUITE 108 - 729

ALTAMONTE SPRINGS, FL 32701

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: MARLA GREENOUGH

New Registered Office Address: 712 FLORIDA BLVD.

Enter Florida street address

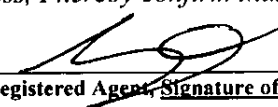
ALTAMONTE SPRINGS, Florida 32701

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MMBR	DEE GILBREATH	4786 S. ATLANTIC AVE.	☐ Add
		UNIT B2	☒ Remove
		PONCE INLET, FL 32127	
MMBR	EUGEN G. RAHMIN	478 E. ALTAMONTE DR.	☒ Add
		SUITE 108 - 729	☐ Remove
		ALTAMONTE SPRINGS, FL 32701	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

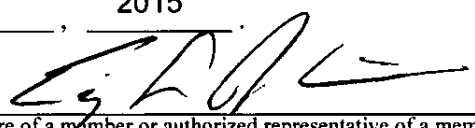
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(N/A)

E. Effective date, if other than the date of filing: MAR. 31, 2015 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 31, 2015



Signature of a member or authorized representative of a member

EUGEN G. RAHMIN

Typed or printed name of signee