

L19000240890

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 29 2020

8/7/20

Dept of state,

ENCLOSED ARE THE FORMS,
FILING FEE, AND SIGNATURE TO
REMOVE DANIEL W. HARTMAN
AS A MANAGER OF BRKSDR GAPLLC.

William H. Garvin
WILLIAM H. GARVIN
(850) 509-3969

SECRETARY OF THE
TREASURY
2020 AUG 10 AM 9:25
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRYSON GAP, 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:

WILLIAM H. GARVIN, III
Name of Person

Firm/Company

1400 VILLAGE SQUARE BLVD STE 3-334
Address

TALLAHASSEE, FL 32312
City/State and Zip Code

wgarvin@garvinlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM GARVIN at (**850**) **509-3969**
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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**

BRYSON GAP, 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 09/24/2019 and assigned Florida document number L19000240890.

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:

1400 VILLAGE SQUARE BLVD, STE 3-334

(Principal office address MUST BE A STREET ADDRESS)

TALLAHASSEE, FL 32312

Enter new mailing address, if applicable:

1400 VILLAGE SQUARE BLVD, STE 3-334

(Mailing address MAY BE A POST OFFICE BOX)

TALLAHASSEE, FL 32312

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:

WILLIAM H. GARVIN, III

New Registered Office Address:

1400 VILALGE SQUARE BLVD, STE 3-334

Enter Florida street address

TALLAHASSEE

Florida 32312

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>
MGR	DANIEL W. HARTMAN	2865 REMINGTON GREEN CIRCLE	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32308	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 AUG 26 AM 8:26
TALLAHASSEE, FL
M. L. ADMINISTRATION

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

Multiple horizontal lines for amending information.

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FILED

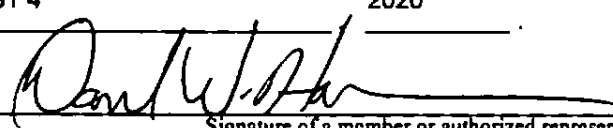
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 4 2020


Signature of a member or authorized representative of a member

DANIEL W. HARTMAN
Typed or printed name of signee