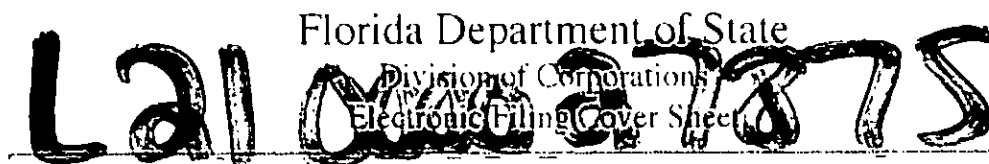


2/1/2021

Division of Corporations



Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000043652 3)))



H210000436523ABCX

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC
Account Number : 120160000033
Phone : (866)428-2030
Fax Number : (407)308-0481

STATE OF FLORIDA
TALLAHASSEE, FL

2021 FEB -1 AM 10:41

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRKFISHING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FEB -2 2021
C Kinsey

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRKFISHING, 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:

PAOLA C
Name of Person
COMPANY COMBO, LLC
Firm/Company
2815 DIRECTORS ROW STE 100
Address
ORLANDO FL 32809
City/State and Zip Code
DOCS@COMPANYCOMBO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA C. 866 4282030
Name of Person at () 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

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

[illegible]

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

[illegible]

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 FEB 1 2021

Signature of a member or authorized representative of a member

WARLEY JORGE SILVA

Typed or printed name of signee

Filing Fee: \$25.00