Florida Department of Sixte lectronic 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.

(((H23000188270 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_			
Τ	\sim	٠	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future ${\mathscr G}$ annual report mailings. Enter only one email address please.

·	
É 17 A 13	
Email Address:	
CHUII AUUICII.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FBA - BRANDON LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Hqlpay 2 3 2023

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FBA - Brandon LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	rere filed on	and assigned
Florida document number <u>L21000473001</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation 😭 "C."
Enter new principal offices address, if applicable:		23 %
Principal office address MUST BE A STREET ADDRESS)		72
_		- :2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		න
3. If amending the registered agent and/or registered office add	dress on our records, enter the name	of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	City	Zw 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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
		411VALLE	Remove
			□Change
			□Add
			□Remove
			□Change

			<u>-</u>	
	-	-		
		···		
<u></u>				
-			•••••	
		<u> </u>		
	,	****		,, _,
ffective date, if other than the da	to of filings		tantianal'	
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department	specific and cannot be priodoes not meet the applie	cable statutory filing	g requirements, this date	(a) Pursuant to 605.020°
record specifies a delayed effective di is filed.	ate, but not an effective t	ime, at 12:01 a.m. o	on the earlier of: (b) T	he 90th day after the
nted May 22nd	. 2023			
May 22nd Reduce for first	N.4/			
Sig	nature of a member or auth	iorized representative	of a member	

Filing Fee: \$25.00