

L22000035301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

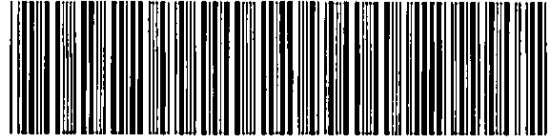
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600384603866

03/28/22--01004--013 **25.00

2022 MAR 28 AM 10:05
OFFICE OF STATE
COMMISSIONER
PROCESSED

FILED

2022 MAR 28 PM 2:52

Amend

MAR 29 2022
ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRYTOR INTERNATIONAL MOVING LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brytor International Moving 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:

Maximilian Schenk

Name of Person

Schenk & Associates PLC

Firm/Company

606 Bald Eagle Dr., Ste. 612

Address

Marco Island, Florida 34145

City/State and Zip Code

mjs@schenklawgroup.com

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

For further information concerning this matter, please call:

Maximilian Schenk

Name of Person

at (239)

Area Code

394-7811

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jacques Monier	4740 NW 15th Ave., Ste. 3D	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Brytor International Moving Inc	4740 NW 15th Ave., Ste. 3D	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Brytor International Moving	275 Export Boulevard	<input type="checkbox"/> Add
		Mississauga, Ontario, ON L5S1Y-4 CA	<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

