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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: 50	3 BRA PROP LL	C	
SUBJECT:		ited Liability Company	Portal State of the State of th
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	Co.
	Gary Bran	Name of Person	
		Name of Person	
		Firm/Company	
	200 Capri	Isles Blud Ste7	<u>B</u>
	Venice, FL	34292 City/State and Zip Code	
		City/State and Zip Code mail. Com to be used for future annual report notification	
For further information	E-mail address! (on concerning this matter, please c		on)
_ Gary B	rannon	at (941) 486-829 Area Code Daytime Tele	<u> </u>
Nai	me of Person	Area Code Daytime Tele	ephone Number
Enclosed is a check f	or the following amount:		
S25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registration	dress: on Section	Street Address: Registration Section	
_	of Corporations	Division of Corpora	
P.O. Box	•	The Centre of Talla	
Tallahasse	ee, FL 32314	2415 N. Monroe Str	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SG BRA PROP LLC			
SG BRA PROP LLC (Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	5/29/2003	and assigned
Florida document number <u>L03000019696</u>		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	e <u>re</u> :	
Schedule D LLC The new name must be distinguishable and contain the words "Limite			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRE	ES.S)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered	office address on our r	ecords, enter the name	of the new registered
agent and/or the new registered office address here:		· -	
Name of New Registered Agent:			
V 5 1007 111			
New Registered Office Address:	Enter Flor	rida street address	
		•	
	City	, Florida	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 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
		· · · · · · · · · · · · · · · · · · ·	□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Remove
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			□Remove
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			□Add
			Remove
			☐ Change
			□Add
			□Remove

D. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E E CC	
(If an e <u>Note</u>	ctive date, if other than the date of filing:
If the record is	ord 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 filed.
Date	d May 5, 2020.
	Signature of a member or authorized representative of a member
	Y Signature of a member or authorized representative of a member

Typed or printed name of signee