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EXAMINER



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DEFENDER CARRENTATIONS

OB FEB 22 PH 2: 20
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BROOKS, HARRISON, & CAYER 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:						
CHRISTOPHER BROOKS (Name of Person)						
(Name of Person)						
BROOKS HARRISON & CAYER, LLC (Firm/Company)						
1020 EAST LAFAYETTE STREET SUITE 204 (Address)						
TALLAHASSEE FL 32301 (City/State and Zip Code)						
For further information concerning this matter, please call:						
CHRISTOPHER ISROOKS at (850) 222-9440 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} & \text						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . . .

FILED

08 FEB 22 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

		TALEATTASSECT EURIDA	
BROOKS, HARRISON	COMPANY, LIMITED	LIABILITY COMPANY	
(Name of the Limited Liab	bility Company as it now appear; rida Limited Liability Company)	on our records.)	
(8.110)	• • • •		
The Articles of Organization for this Limited Liabili	ity Company were filed on	204 2005 and assigned	
Florida document numberLOSO00012045			
			
This amendment is submitted to amend the followin	יסי		
	ο.		
A. If amending name, enter the new name of the	limited lighility company her	•	
		•	
BROOKS, HARRISON & CAYER			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	y," the designation "LLC" or the abbreviatio	
D. Televisial and a state of the state of th		. I was as a constant	
B. If amending the registered agent and/or registered agent and/or the new registered office:		ir records, enter the name of the nev	
- opioto de agranda de alto nom a opioto de orizon	Hadi voo ii vi		
Name of New Registered Agent:			
New Registered Office Address:		ter Florida street address)	
	,		
	((32)	, Florida(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag	cont and acress to act in this ac	ngoity. I further garage to comply with	
the provisions of all statutes relative to the prope			
accept the obligations of my position as registere	ed agent as provided for in Ch	apter 608, F.S. Or, if this document is	
being filed to merely reflect a change in the regis		confirm that the limited liability	
company has been notified in writing of this char	ige.		
	(If Changing Registered Age	nt, Signature of New Registered Agent)	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	CHRISTOPI	her Cater	1157 STONEY (REEK WA-) TALLAHASSEE , FL 32317	
	-			Add Remove
		······································		Add Remove
	***************************************			Add Remove
				Add Remove
<u></u>				AddRemove
D. If amer	nding any other in	formation, enter cha	nge(s) here: (Attach additional sheets, if ne	ecessary.)
		1-1 ⁴		
Dated	FEBRUARY	22 , 20	× 8 × × × × × × × × × × × × × × × × × ×	
		Signature of a mem	ber of authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
			ER BROOKS ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00