

107000010488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY 22 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRYAN PROPERTIES ENTERPRISES, 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:

J. STOCKTON BRYAN
Name of Person

Firm/Company

55 AQUA RA DR
Address

JENSEN BCH, FL 34952
City/State and Zip Code

jabarb1924@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack BRYAN at (772) 249-0803
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRYAN PROPERTIES ENTERPRISES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2007 and assigned Florida document number 4070000/0488

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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	GRIFFIS, SHARON	11045 153 RD COURT N	☐ Add
		JUPITER, FL 33478	☒ Remove
			☐ Change
MGR	BRYAN, NYLAN	53 AQUA RA DR.	☐ Add
		JENSEN BCH, FL	☒ Remove
		34957	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

17 MAY 22 AM
SECRETARY OF
ITALIAN ASSOCIATION

17 MAY 22 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MAY 19, 2017, _____

Signature of a member or authorized representative of a member

JAYE BRYAN

Typed or printed name of signee