

LOS000048237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

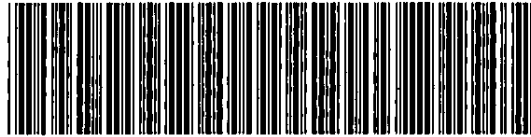
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
MAR 26 2010
EXAMINER

Office Use Only



200171991082

03/24/10--01017--022 **25.00

FILED

10 MAR 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brioso Creations, 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:

Jared Farchione

Name of Person

Firm/Company

10215 Hunters Haven Blvd

Address

Riverview, FL 33578

City/State and Zip Code

jmfarchione@gmail.com

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

For further information concerning this matter, please call:

Jared Farchione

Name of Person

at (813) 787-1706

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**

Brioso Creations, 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 05/14/2008 and assigned
Florida document number L08000048237.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4544 Atwood Cay Cir
(Principal office address **MUST BE A STREET ADDRESS**) Sarasota, FL 34233

Enter new mailing address, if applicable: 10215 Hunters Haven Blvd
(Mailing address **MAY BE A POST OFFICE BOX**) Riverview, FL 33578

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: Jared Farchione
New Registered Office Address: 10215 Hunters Haven Blvd
Enter Florida street address
Riverview, Florida
City

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 608, 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.

Jared M. Farchione
If Changing Registered Agent, Signature of New Registered Agent

FILED
10 MAR 24 PM 3:27
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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:

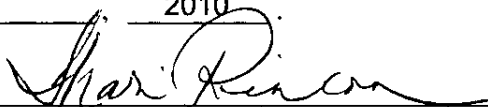
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jared Farchione	10215 Hunters Haven Blvd Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jaimon Farchione	7001 Pelican Island Dr Tampa, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Samuel Farchione Jr	2500 Grouse Lane Rolling Meadows, IL 60008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Todd Rincon	1412 Pinyon Pine Dr Sarasota, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 16th 2010



Signature of a member or authorized representative of a member

Shari Rincon

Typed or printed name of signee