

LD8000094997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

L. SELLERS

APR 21 2009

EXAMINER

Office Use Only



200150865212

04/20/09--01022--018 **25.00

FILED
09 APR 20 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE NOTE THIS NEW ADDRESS WILL BE FROM APRIL 23RD 2009. and the
telephone number will be installed on April 27th 2009

Thank you

A handwritten signature in black ink, appearing to be 'BK' or similar initials, written over the 'Thank you' text.

Brian Kirston

brinanllc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRINAN 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:

BRIAN KIRSTON
(Name of Person)

BRINAN LLC
(Firm/Company)

12662 KENWOOD LANE UNIT A
(Address)

FORT MYERS FLORIDA 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN KIRSTON at (239) 936-7522
(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

Page 1 of 1

BRINAN 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 OCT 7th 2008 and assigned
Florida document number 208000094997

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:

(Principal office address MUST BE A STREET ADDRESS)

12662 KENWOOD LANE UNIT A
FORT MYERS FLORIDA
33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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)

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.

01:01:00 00/00/00

http://form.sunnblz.org/pdf/cr2e049.pdf

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE 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	CRAIG KIRSTON	12662 KEN VAND LN UNIT A FT MYERS FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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 _____

Signature of a member or authorized representative of a member

BRIAN D KIRSTON

Typed or printed name of signee

09 APR 20 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED