

L09000025464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Brashega Properties, 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:

Gloria Brashears

Name of Person

Firm/Company

4835 Cains Wren Trail

Address

Sanford, FL 32771

City/State and Zip Code

brashega@bellsouth.net

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

For further information concerning this matter, please call:

Gloria Brashears

Name of Person

at **407** **416-9899**

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

SAYDAH LAW FIRM

Attorneys at Law

2572 West S.R. 426
Suite 2032
Oviedo, Florida 32765
Phone: (407) 956-1080
Fax: (407) 956-1081
www.SaydahLawFirm.com

March 21, 2014

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Brashega Properties, LLC
Articles of Amendment to Articles of Organization**

To Whom It May Concern:

Enclosed with this letter please find the Cover Letter and the Articles of Amendment to Articles of Organization for Brashega Properties, LLC. Also enclosed is check # 4836 payable to the Florida Department of State in the amount of \$25.00 for the filing fee for the Articles of Amendment. Please file the Articles of Amendment. If you have any questions regarding the foregoing, please feel free to contact me at the number listed above.

Thank you for your attention to this matter.

Sincerely,



Eric P. LaRue II

Enclosures

cc: James Balckburn and Gloria Brashears
[via e-mail]

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

Brashega Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on March 16, 2009

Florida document number L09000025464

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)

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:

Gloria Brashears

New Registered Office Address:

4835 Cains Wren Trail

Enter Florida street address

Sanford

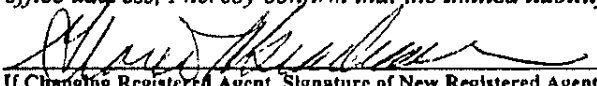
City

, Florida 32771

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	James Blackburn	4835 Cains Wren Trail	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
MGR	Gloria Brashears	4835 Cains Wren Trail	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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COUNTY OF STATE
FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March 19**, **2014**



Signature of a member or authorized representative of a member

James Blackburn

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA