L100000049392

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	- #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

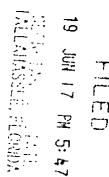
Office Use Only



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JUN 2 7 2019 S. YOUNG



COVER LETTER

TO:		stration Sect sion of Corpo				
CUDIE		Dennis Brinn				
SUBJE	. II.		Name of Limit	ted Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	eturn :	all correspond	dence concerning this matter t	to the following:		
			Dennis Earl Brinn			
				Name of Person		-
				Firm/Company		-
			1720 John Anderson Dr			
				Address		
			Ormond Beach, Fl 3217			
			brinn.dennis@yahoo.com	City/State and Zip Code		_
			E-mail address: (t	o be used for future annual rep	ort notification)	
For furtl	her in	formation cor	ncerning this matter, please ca	di:		
Dennis	Earl I	Brinn		386 405-0		
-		Name of I	Person	Area Code	Daytime Telephone Numb	er ·
Enclose	d is a	check for the	following amount:			
□ \$ 25.	.0 0 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &

MAILING ADDRESS:

TO:

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

Denis Brinn, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	on 5/7/2010 and assigned
Florida document number L10000049392	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	<u>ny here</u> :
Dennis Earl Brinn, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation *P.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
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 registered agent and/or the new registered office address here:	ss on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Change
			□ Remove
			Change
			☐ Remove
			Change

ffective date, if other than the date of filing:		
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Page 3 of 3

Filing Fee: \$25.00