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November 2, 2010

To Whom It May Concern:

For the attached form please add Katherine M. Bryan as a registered agent and managing member to Bryan Builders, LLC.

The \$ 25.00 filing fee is enclosed.

Please be sure that both Scatta. Bryan and Katherine M. Bryan are listed as registered agents and managing members undu Bryan Builders, LLC.

If any questions please contact Scatt Bryan 407-948-3384

BRYAN BUILDERS LLC @ gmail. com

COVER LETTER

	egistration Section vision of Corporations			
SUBJEC'	Bryan Builders, LLC.			
	Name of Limited Liability Company			
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.			
Please ret	n all correspondence concerning this matter to the following:			
	Scott A. Bryan			
	Name of Person			
	Bryan Builders, LLC.			
	Firm/Company			
	450 Harbour Isle Way			
	Address		2010	
	Longwood, FL 32750			
	City/State and Zip Code			
	bryanbuildersllc@gmail.com E-mail address: (to be used for future annual report notification)			<u> </u>
For furthe	information concerning this matter, please call:	STATE	2010 NOV 16 PH 4: 15	<u></u>
	Scott A. Bryan at (407) 948-3384			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed	a check for the following amount:			
② \$25.00	Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified (additional copy is enclosed)} Certified (additional cop	te of Sta Copy	atus &	osed)
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bryan Buil	ders, LLC.		
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L100001		were filed on	10/20/10	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
	No Ch	ange		
The new name must be distinguishable and end v "L.L.C."	vith the words "Lim	ited Liability Company	," the designation "L	LC" or the abbreviat
Enter new principal offices address, if appl	icable:	No Change		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		<u> </u>	É	010
Enter new mailing address, if applicable:		No Change	AHASSE	SELECT YOUR BEEN TO A SELECT YOUR TO A SELECT YOUR BEEN TO A SELECT YOUR TO A SELECT YOUR TO A SELECT YOUR TO
(Mailing address MAY BE A POST OFFICE BOX)				
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered	l/or registered of office address her	ffice address on ou <u>re</u> :	r records, enter th	.en
Name of New Registered Agent:	Katherine M	1. Bryan		
New Registered Office Address:	3048 Totika		<u> </u>	·
		Ente	r Florida street addr	ess
		Longwood	, Florida	32779
		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 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.

Hatherine) M. Bryan

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2 Scort A. Bruss

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>	Name	Address	Type of Action
MGRM	Katherine M. Bryan	3048 Totika Cove Longwood, FL 32779	✓ Add ☐ Remove
		- · · · · · · · · · · · · · · · · · · ·	Add Remove
<u> </u>			Add Remove
			Add Remove
 			A TO Kemove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	<u> </u>
_			
Dated	Hone.		
		ember or authorized representative of a member Scott A. Bryan Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00