

L11000038872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

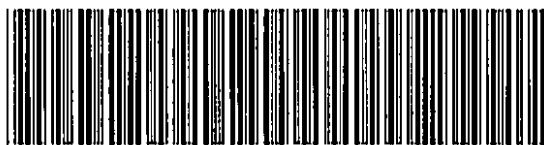
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
JUL 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bronleewe Family Vacation Home, 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:

Kelly Bronleewe

Name of Person

Firm/Company

2809 W. Platt St.

Address

Tampa / FL / 33609

City/State and Zip Code

Kelly Bronleewe@gmail.com

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

For further information concerning this matter, please call:

Kelly Bronleewe

Name of Person

at (813) 335-2517

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Bronleewe Family vacation Home, 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 03/31/2011 and assigned Florida document number L11000038872.

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 contain 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)

2809 W Platt St.

Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2809 W. Platt St.

Tampa FL 33609

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:

Kelly Bronleewe

New Registered Office Address:

2809 W. Platt St.

Enter Florida street address

Tampa

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 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.

Kelly Bronleewe
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE COUNTY
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Kelly Bronleewe	2809 W. Platt St	<input checked="" type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lauren Bronleewe Cotton	15904 Baden Pl.	<input checked="" type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mathew Wilson	9661 Spencer Woods Rd	<input checked="" type="checkbox"/> Add
		Ladson, SC 29456	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Krista Watson	16868 Mulberry Lane	<input checked="" type="checkbox"/> Add
		Athens, AL 35613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Scott Bronleewe	17203 Talence Ct.	<input type="checkbox"/> Add
		Tampa FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Kelly Bulcane
Signature of a member or

Signature of a member or authorized representative of a member

Kelly Bronleewe Typ

Typed or printed name of signee

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