1-12-000015075

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: BRM SCUICES 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: |
| Pardall J. Maye JR. |
| BRM Services LLC Firm/Company |
| 838 Park Valley Circle |
| MINNEGA FL 34715 City/Statl and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Brenda M Neal at (50) Bb 1109. Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$30.00 Filing Fee \$\ \text{Certificate of Status}\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ \text{Certified Copy} \\ \text{(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

| BRM Se(V) | CCS LLC | ur records) | |
|--|---|---|----|
| (A Florida | ity Company as it now appears on or a Limited Liability Company) | in records. | |
| The Articles of Organization for this Limited Liability Florida document number <u>LIQOOO150</u> | | and assigned | |
| This amendment is submitted to amend the following: | • | | |
| A. If amending name, <u>enter the new name of the lir</u> | mited liability company here: | | |
| The new name must be distinguishable and end with the w"L.L.C." | vords "Limited Liability Company," th | e designation "LLC" or the abbreviation | nc |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADE | ORESS) | | |
| | | ्रे प्रश्ने रूप | |
| Enter new mailing address, if applicable: | | 7877 78874 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1 San 12 1 | |
| | | | |
| | | 10 15 15 15 15 15 15 15 15 15 15 15 15 15 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | | w |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| nen negisiered Office Address. | Enter 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = Ma | anaging Member | | |
|--------------|---|---|--------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MBR | Brenda M Neal | 82 Pork Valley Circle Minner 19, Fl Jania | Add Remove |
| MGR | Brenda M Scee | 822 Park Walley Circle Minnepla, Fr 34015 | Add Remove |
| | | | Add Remove Add Remove |
| D. If amendi | ng any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) | Add Remove |
| Dated | Signature of a mamper of Typed of | nay b. | |

Page 2 of 2

Filing Fee: \$25.00