

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

Office Use Only

G. MCLEOD

AUG - 3 2012

EXAMINER



400238033294

08/02/12--01019--001 **25.00

SLOKE FARY OF STATE

12 AUG -2 PM 2: 5

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Brizzie's Co	iggies LLC	
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Gary	Brizendine II Name of Person	
	,	Name of Person	
	Brizz	Firm/Company	_
		Firm/Company	
	1667	Copper/eat Cove	
		Address	
	Oviedo,	FL 32766 City/State and Zip Code	
	,	City/State and Zip Code	.''/
	E-mail address: (to	izen dine 2 @ qme be used for future annual report Milificat	u/, com tion)
For further information co	ncerning this matter, please cal		
Gary D Name of	Brizendine II Person	at (3/7) 989- 2 Area Code & Daytime T	-90-3 elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brizz	ie's	Ciqqies	4	<u></u>		_	
(<u>Name of the Limited Liah</u> (A Flor	<mark>bility Company</mark> rida Limited Lia	y as It now appeability Company	ears on our r	records.			
The Articles of Organization for this Limited Liabili Florida document number	ity Company v 25573	vere filed on	7/24/	2012	and	assign	ed
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	limited liabil	ity company h	ere:				
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	ed Liability Com	pany," the de	esignation "L	LC" or the	ne abbi	eviation
						12	
Enter new principal offices address, if applicable	:					2	<u> </u>
(Principal office address MUST BE A STREET A)	DDRESS)					<u>~</u>	. Kurak
					Sin	2	1
					tu=	PX	
Enter new mailing address, if applicable:					<u>യ</u>	3	-
(Mailing address MAY BE A POST OFFICE BOX	ro C		-		R	ទ	
(Naming warress Mill DD / 11 OO 1 O 1 11 CD DO)	<u>-7</u>				У.		
B. If amending the registered agent and/or registered agent and/or the new registered office			our recor	rds, <u>enter t</u>	he nam	e of tl	he new
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
<u> </u>	, Florida						
		City			Zip C	ode	

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
16-12	Brizandine, Gany L	1667 Copperleat Guc Oviedo, FL 32766	Add
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
_			
	July 30 , :	2012	
	Signature of a me	Primarie II ember of authorized representative of a member Brizendine II	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00