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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: OLIVER AVERY & BRYANT 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:
LEANNA OLIVER  Name of Person
Firm/Company
467 HAMPTONCREST CIRCLE #301
LAKE MARY, FL 32746  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VEANNA OUVER at (407) 310-3354  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRYANT LLC &
ny as it now appears on our records.) liability Company)
were filed on 9/18/12 and assigned T
<b>5</b>
lity company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
# 301
LAKE MARY, FL 32746
467 HAMPTONCREST CIRCLE #301
LAKE MARY, FL 32746
ddress on our records, enter the name of the new registered
NA C. OLIVER
MTDN CREST CIRCLE # 30 1  Enter Florida street address
MARY, Florida 32746  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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address** Type of Action Title Name CHARLES OLIVER 250 INTERNATIONAL PKWY DAddi IAKE MARY □Change Change □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change □Add □Remove

\_\_\_\_\_ Change

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If an effective date Note: If the date	is listed, the date must e inserted in this blo ctive date on the De	be specific and ck does not m	cannot be prior to neet the applicabl	date of filing or e statutory fili	nore than 90 days	after filing.) Pursu	ant to 605,0207 of be listed as
e record specific rd is filed.	s a delayed effective	date, but not	an effective time	e, at 12:01 a.m	on the earlier o	of: (b) The 90th	day after the
Dated			, 2020 lyll	DE	fred	<del>/</del>	
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Filing Fee: \$25.00