112000 159929

(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:





500334307325

09/18/19--01017--025 **25.00

2019 SEP 18 PM 3: 46

R WHITE SEP 3 (2019

COVER LETTER

SUBJECT:	Brevard Ac	es Buseball ited Liability Company	(lub LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jaso	on Arnold Name of Person	
	Breva	rd Acrs Bas	seball (lub
	872 Br	ookstone Dr	IVL
	Merritt	ISland FL City/State and Zip Code rnold 240 yo	32952
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	·	Calling
Ja Son Name o	Arnold	at (321) 427 Area Code Daytime	- 03 0 3 Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section Division of Corporations

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

ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company	were filed on	12 24 1	2 and assigned
Florida document number <u>L1200015992</u> 9	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fla	orida street address	
		, Florid	la
	City		la Zip Code
Now Designed Agent's Signature if changing Designed Agent	-		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jennifer Arnold	Address 872 Brookstone Dr Merritt Island FL 22052	_XAdd
		Merritt Island, FL	□ Remove
		32952	□ Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
	 		_□ Add
			_□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(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 (2 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f 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.
Dated September 11 2019.
Signature of a member or authorized representative of a member
Jason Arnold Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00