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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	rporations		
SUBJECT:	BROOKESIDE ENTE Name of Lim	RPRISE LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen C	Ormier Name of Person	
	BROOKESID	E ENTERPRISE LLC Firm/Company	
	275 Bend	igo Drive Address	
	Cordova,	Tn. 38018 City/State and Zip Code	
	Cormie E-mail address: (r.steve@gmail.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Ste	ephen Cormier of Person	at (<u>901</u>) <u>413-777</u> Area Code Daytime	26 Telephone Number
Enclosed is a check for t	he 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

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

	OOKESIDE ENTERPRISELLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	_
The Articles of Organization for this Limited Lia	ability Company were filed on <u>April 10 2013</u> and	assigned
Florida document number <u>1.13000052984</u>	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	and the second of
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation	"LifeC."
Enter new principal offices address, if applical	ble:	6 F
(Principal office address MUST BE A STREET	ADDRESS)	77 (1)
		- 29
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE B		
Committee of the control of the cont		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the nanice address here:	ne of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City Zip Co	ae

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Mgr</u>	Thomas King	1789 Red Cypress Drive	_X□ Add
		Jacksonville Fla. 32223	Remove
			Change
			Add
			Remove
			Change
			Add
			Add Remove
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			Remove
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five date, if other the fective date is listed, the	han the date of filing: <u>January 15, 2</u> date must be specific and cannot be prior to date of fili	ing or more than 90 days after filing.) Pursuant to 605
If the date inserted	in this block does not meet the applicable statutor on the Department of State's records.	ry filing requirements, this date will not be liste
nent s enective date	on the Department of State's records.	
cord enacifies a	delayed effective date, but not an effec	ctive time at 12:01 a.m. on the earlie
	the record is filed.	cuve time, at 12.01 a.m. on the earne
lJanı	254 4 2017C	
- Udill	11-	
		,
	Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00