# #13000082459

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		,
l		

Office Use Only



900249467189

07/12/13--01038--002 \*\*25.00

13 JUL 24 PH 1: 39
SECRETARY OF STATE
ALL AHASSEE

K. SALY EXAMINER JUL 25 2013



July 15, 2013

BRUKO CONSTRUCTION LLC JASON BRUST 6342 TALBOT CIR. SPRING HILL, FL 34606

SUBJECT: BRUKO CONSTRUCTION L.L.C.

Ref. Number: L13000082459

We have received your document for BRUKO CONSTRUCTION L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page. Please sign and return to this office along with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 813A00017164

Karen A Saly Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

· TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The c	nelosed Articles of Amendment and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	SASON Brust
	Bruko Construction LLC
	6342 TAIDOT CITOLE
	Spring Hill F 34606  City/State and Zip Code  E-mail address: (to be used for future simual report notification)
	E-mail address: (to be used for titure initial report notification)
For ti	urther information concerning this matter, please eall:
_	Name of Person  Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
7 52	5.00 Filing Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  U\$60.00 Filing Fee. 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, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 JUL 24 PM 1: 39

SECNETARY OF STATE

LAHASSEE, FLORIDA:

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	tability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13 0000 824</u>	were filed on 59	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company." the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(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 off registered agent and/or the new registered office address here	ice address on our reco	rds, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:		
		la street address
		Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Name **Type of Action** mGRM JASON Brust 6342 TAI BOTCK AND Spring Hill F134606 Remove Remove Remove Remove Remove

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
	-	
	_	· · · · · · · · · · · · · · · · · · ·
Dat	ed	γ — λ
		Signature of a member or authorized representative of a member
		Jason Brost Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00