## L13000108816

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Reply to: 417 W. Sugarland Hwy.

Clewiston, FL 33440 Phone: \$63.983.1677 Fax: \$63.983.1973

February 26, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: BRYANT AND VARNUM LLC

Dear Sir or Madam:

In regard to the above-referenced matter, enclosed you will find our firm's check in the amount of \$75.00 for filing fees. Please file the enclosed documents in the following order:

- Dissociation or Resignation of Johnnie R. Varnum, Jr., from Florida or Foreign Limited Liability Company (\$25.00 filing Fee);
- Dissociation or Resignation of Shelby Bryant from Florida or Foreign Limited Liability Company (\$25.00 filing Fee);
- Articles of Amendment to Articles of Organization of Bryant and Varnum LLC. (\$25.00 filing Fee)

Thank you for your assistance in this matter, and should you have any questions, please do not hesitate to contact our office.

Sincerely,

Arielys Gonzalez for Melanie A. McGahee

MAM/ag Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BRYANT AND VARNUM LLC

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

(A Honda Ditt	inted Elabinity Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000108816</u>	pany were filed on 08/01/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designs	ition "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our record	is, enter the name of the new registered
New Registered Office Address:	Enter Florida sti	reet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	gent;	
New Registered Office Address:	City	reet address, Florida Zip Code

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 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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	SHANE BRYANT	715 Bowden Road	□ Add
		Clewiston, FL 33440	□Remove
			= Change
MGRM	SHELBY BRYANT	710 Seminole Avenue	□Add
		Clewiston, FL 33440	■Remove
		<u></u>	Change
MGRM	JOHNNIE R. VARNUM, JR.	HI Taft Blvd.	
		P.O. Box 248	■Remove
		Clewiston, FL 33440	□Change
		<del></del>	□Add
			□Remove
		<del></del>	Change
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	ive date is listed, the dat the date inserted in the						
cumen	t's effective date on t	the Department o	of State's records.				
	pecifies a delayed eff	fective date, but r	not an effective ti	me, at 12:01 a.m. o	on the earlier of: (b)	) The 90th day afte	r the
is filed	•						
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Filing Fee: \$25.00

Typed or printed name of signee