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JUN 29 2020

AUG 1 2 2020 S. YOUNG

SUBJECT:	BRACKLE	Y, LLC	•	·
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ALEX ESPENKOTTER.	ESQ.	
			Name of Person	
		HELLER ESPENKOTTE	R, PLLC	
			Firm/Company	
		2701 PONCE DE LEON E	BOULEVARD, SUITE 301	
			Address	
		CORAL GABLES, FLOR	IDA 33134	
			City/State and Zip Code	
		Alex@hellerlawgroup.com		
		E-mail address: (to be used for future annual report n	otification)
For further in	nformation co	oncerning this matter, please c	all;	
Alex Espenk	otter		305 777-3765	
	Name of	Person		ime Telephone Number
Enclosed is a	t check for th	e following amount:		
■ \$25.00 F	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
Reg Div P.C	iling Address gistration S vision of Co D. Box 632' Iahassee, F	ection orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

BRACKLEY, LLC

(<u>Name of the Lin</u>	ited Liability Comp (A Florida Limited	pany as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Florida document number L13000164799	Liability Compan	y were filed on $\frac{11/25/13}{}$	and as
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "I
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office	address on our records	s, enter the name of the ne
agent and or the new registered office addr	css_nere.		
Name of New Registered Agent:			
New Registered Office Address:	6335 SW 110t	h Street	
		Enter Florida stre	et address
	Pinecrest		Florida 33156
		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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docketing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.

		a*	•
~ ~	PARMANA	TRAM ALLE	PARAMET
	removed	LECTION COLL	recurus.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type (
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Note: If the c	te, if other than the date of filing:
he record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at
June 1	7 2020
· 	
<u> </u>	Signature of a member or authorized representative of a member
Ale	ex Espenkotter, Esq.
	Typed or printed name of signee