# L13000173638

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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FILE SECRETARY OF STATE

JAN 1 4 2014

T. BROWN

### **COVER LETTER**

TO: Registration Section
Division of Corporations

Brevard Expertise LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Amy A Roberson

Name of Person

Firm/Company

## 6420 Floridana Avenue

Address

# Melbourne Beach, FL 32951

City/State and Zip Code

## harumpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Amy A Roberson

 $_{at}(321)863-1550$ 

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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**Brevard Expertise LLC** 

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

The Articles of Organization for this Limited Liabil	ity Company were filed on 12-12-2013	and assigned
Florida document numberL13000173638	<u></u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with th	e words "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Floric	da 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> **Address** 6420 Floridana Avenue Amy Roberson MGR Melbourne Beach, FL 32951

D. If amending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
•	
•	
	A
E. Effective date, if other than the date of fi	ling: (optional)
	specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated January 1	2014
Amy A Roberson	
Signature of a	a member or authorized representative of a member  Any Albert Sam
——————————————————————————————————————	Typed or printed name of signee

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Filing Fee: \$25.00