L14000132188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	1
SUBJECT: Brodley's Name of	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Anita !	Name of Person
	Firm/Company
2971 Es	Stancia Blud # 420
Clearus	er + 3376/
ninotal E-mail addi	slored galamail.com
For further information concerning this matter, ple	ase call:
Mame of Person	at (813) 562 - 1592 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of State	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL-32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bradley's Name of the Limited Liability Co	1		· · · · · ·
(A Florida Lim	ited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liability Comp			and assigned
Florida document number <u>L14000132128</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	iere:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
Enter new mailing address, if applicable:			PG - m
(Mailing address MAY BE A POST OFFICE BOX)	******		26 8
			<u> </u>
			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address of here:	n our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	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 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>	Name	Address	Type of Action
MGR	Lorietta Howard	Jackson ville, F132210	e B Add
	•	Jackson ville, F132210	□ Remove
			☐ Change
			
			Remove
			☐ Change
			🗖 Add
			□ Remove
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Effective date, i	f other than the d s listed, the date must b	ate of filing:			(option	al)	
<u>lote:</u> If the date	s listed, the date must be inserted in this bloc tive date on the Dep	k does not mee	et the applicable	ate of filing or more statutory filing re	than 90 days after fil equirements, this d	ing.) Pursuant to 60 ate will not be lis	05.0207 sted as
	cifies a delayed or y after the recor		te, but not a	n effective tim	e, at 12:01 a.r	m. on the earl	ier of
	ne 17	,	2015			益 。 药	
ated <u>Ju</u>	\bigcirc	_d <	/				
Pated <u>Ju</u>	Anita	ignature of a me	mber or authorize	od representative of	a member	JUL - 1 PM	FILED

Page 3 of 3

Filing Fee: \$25.00