

L14000187757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

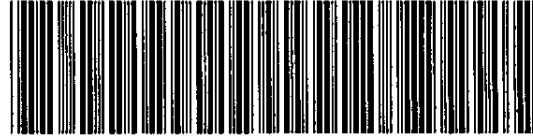
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300284214743

04/11/16--01024--022 **25.00

FILED
2016 APR 11 P 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B&R Fasteners 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:

Robert W Gennaro

Name of Person

Firm/Company

1207 Columns Cir

Address

Seminole FL 33772

City/State and Zip Code

bot.sdds@gmail.com

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

For further information concerning this matter, please call:

Robert W Gennaro 973 6002902
Name of Person at () 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

FILED
2016 APR 11 9 50
TALLAHASSEE
FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

B&R Fasteners 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 Liability Company were filed on 12/9/14 and assigned
Florida document number L14000187757.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7101 58th St N

(Principal office address MUST BE A STREET ADDRESS)

Pinellas Park, FL 37801

Enter new mailing address, if applicable:

1207 Columns Cir

(Mailing address MAY BE A POST OFFICE BOX)

Seminole FL 33772

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert W Gennaro

New Registered Office Address:

7101 58th St N

Enter Florida street address

Pinellas Park

Florida 37801

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William R Gennaro	2428 36Th Ave West	<input type="checkbox"/> Add
		Bradenton, FL 34205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert W Gennaro	1207 Columns Cir	<input type="checkbox"/> Add
		Seminole FL 3372	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 APR 11 P 4 50
 SECRETARY OF STATE
 ALABAMA, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2016 APR 11 P 4: 5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 APR 11 P 14:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 8th, 2016

Her 4 pm

Signature of a member or authorized representative of a member

Robert Gennaro

Typed or printed name of signee