

L15000175458

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRUSH PARK 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:

MICHAEL O'CONNOR

Name of Person

BRUSH PARK LLC

Firm/Company

303 ~~WOOD~~ ROAD WOODROW ST

Address

FT WALTON BEACH FL 32547

City/State and Zip Code

bpLLC303@yahoo.com

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

For further information concerning this matter, please call:

MICHAEL O'CONNOR

Name of Person

at ( 850 )

Area Code

226-3275

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

\_\_\_\_\_  
(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 OCT 15, 2015 and assigned Florida document number L19000175498.

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:

(Principal office address MUST BE A STREET ADDRESS)

303 WOODROW ST

FT WALTON BEACH

FL 32547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

MICHAEL O'CONNOR

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

FT WALTON BEACH

Florida

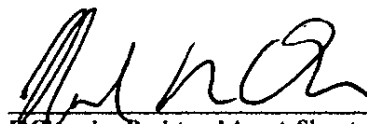
32547

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	MICHAEL O'CONNOR	303 WOODROW ST	<input checked="" type="checkbox"/> Add
		FT WALTON BEACH	<input type="checkbox"/> Remove
		FL 32547	<input type="checkbox"/> Change
MBR	JAY MIKKELSON	5319 MAKE CREEK RD	<input checked="" type="checkbox"/> Add
		CRESTVIEW FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

MICHAEL O'CONNOR IS 90% OWNER OF  
BRUSH PARK LLC

JAY MIKKELSON IS 10% OWNER OF  
BRUSH PARK LLC

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CLERK 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 16 NOV, 2015



Signature of a member or authorized representative of a member

MICHAEL O'CONNOR

Typed or printed name of signee