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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
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## **COVER LETTER**

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	egistration Section of Corp					
SUBJECT:		THERINE BRYAN REAL ES	STATE LLC			
SUBJECT.	***************************************	Name of Lim	ited Liability Company			
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspon	ndence concerning this matter	to the following:			
		CHRISTINA HANSEN C	PA			
			Name of Person			
		ACCOUNTING & TAX F	EDGE LLC			
			Firm/Company			
		864 1ST ST S Address				
		WINTER HAVEN, FL 33	3880			
			City/State and Zip Code			
		HELP@YOURTAXEDGE		TAL SE	2015	
For further	information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	cation)	5 DEC 2	THE
CHRISTIN	IA HANSEN	CPA	863 875-7853 at ()	E O	ພ D	m
	Name of		Area Code Daytime	Telephone Number (	l: 32	D
		e 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 Certificate o Certified Co (additional copy	f Status py	

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	Y Company as it now appears on our Limited Liability Company)	r records.)	<del> </del>
The Articles of Organization for this Limited Liability Co			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
IRENE CATHERINE BRYAN LLC			
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or regist registered agent and/or the new registered office addr		SECRETARY OF STATE TALLAHASSEE, FLORIGA	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
	City	, Florida	Zip Code
	Cuy		Lip Coue

### 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:

O1 1 CHIO	rea from our records.			
•	•	•		
	Manager = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			Add
			☐ Remove
		<del></del>	□ Change
			□ Add
		<del></del>	☐ Remove
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ffective date, if other than	the date of filing:		(optional	)
an effective date is listed, the date ote: If the date inserted in the			or more than 90 days after filing	g.) Pursuant to 605.
ocument's effective date on the			mig requirements, tills date	will not be note
	·			
e record specifies a dela	avod offoctive date. hi	it not an effectiv	e time at 12·01 a.m.	on the earlie
The 90th day after the		it not an enectiv	e time, at 12.01 a.iii.	on the earne
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12-21.	_ /			
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Dated	$\sim$ $\sim$ $\sim$			
Dated 12-21-	o B	wan		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00