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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |                    |           |
|--|--|---|---|--------------------|-----------|
|  | FAMILY CONSTRUCTION S                        | SERVICES, LLC   |   |                    |           |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |   |                    |           |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |                    |           |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |                    |           |
|  | TANNER BROOKS                                |   |   |                    |           |
|  | _  | Name of Person  |   | •                  |           |
|  | BROOKS FAMILY CON                            | STRUCTION SERVICES, LLC   |   |                    |           |
|  |  | Firm/Company  |   | -                  | ~>        |
|  | 7425 GIBSON RD                               |   |   | - 5                | :<br>     |
|  |  | Address   |   |                    | i.:       |
|  | MOLINO, FL 32577                             |   |   |                    | <u></u>   |
|  | -  | City/State and Zip Code   |   | •                  | : :       |
|  | tanner22brooks@gmail.com                     |   |   |                    |           |
|  |  | to be used for future annual report not                             | ification)  |                    | 7         |
| For further information c              | oncerning this matter, please c              | all:  |   |                    |           |
| TANNER BROOKS                          |  | 850 490-4162<br>at ( )  |   |                    |           |
| Name o                                 | f Person                                     | Area Code Daytime Telephone Number                                  |   |                    | e, atus & |
| Enclosed is a check for the            | he 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 Fi<br>Certifica<br>Certified<br>(additional | te of Stat<br>Copy | tus &     |
| Mailing Address                        |  | <u>Street Address:</u><br>Registration So                           | ection  |                    |           |
| Registration :<br>Division of C        |  | Division of Co  |   |                    |           |
| P.O. Box 632                           | 27   | The Centre of   |   | 10                 |           |
| Tallahassee,                           | FL 32314                                     | 2415 N. Monro   | oe Street, Suite 8                                    | 10                 |           |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKS FAMILY CONSTRUCTION SERVICES, 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  $\frac{02/29/2016}{2}$ and assigned Florida document number \_L16000042129 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) 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: New Registered Office Address: Enter Florida street address

## 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

\_, Florida \_

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>     | Address          | Type of Action |
|--------------|-----------------|------------------|----------------|
| MGR          | JUSTIN T BROOKS | 7425 GIBSON RD   | □Add           |
|              |                 | MOLINO, FL 32577 | ■Remove        |
|              |                 |                  | □Change        |
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|  | 1/3/2023                       |   | ( 4° 10                  |                                    |
| ective date, if other than the oneffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De | ck does not meet the applicat  | date of filing or more than 90<br>ble statutory filing requiren | days after filing.) Purs | uant to 605,020<br>not be listed a |
| cord specifies a delayed effective<br>s filed.   | date, but not an effective tim | ie, at 12:01 a.m. on the ear                                    | lier of: (b) The 90tl    | ı day after the                    |
| ed JANUARY 3   | . 2023                         | /   |                          |                                    |
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Filing Fee: \$25.00