

L16000080707

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2016 OCT -7 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 10 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROOKSIDE PROPERTIES 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:

BRADLEY BROOKS
Name of Person

4403 GEORGIA AV
Firm/Company

WEST PALM BEACH
Address

FL 33405
City/State and Zip Code

frontdesk@brookspaintinginc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne B Snider at (561) 512-2467
Name of Person 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

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

BROOKSIDE PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 OCT -7 PM 4:34
CLERK OF COURT
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/25/2016 and assigned
Florida document number L16000080707.

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

_____, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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2016 OCT -7 PM 4:35
STANLEY S. M.
TALL KASSE T1 00101

2016 OCT -7 PM 4:36
OFFICE OF THE
TALLAHASSEE TRIBUNAL

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.

Dated Sept 30, 2016, _____

Gerrard B. Guider
Signature of a member or authorized representative of a member

SUZANNE B SNIDER
Typed or printed name of signee