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COVER LETTER

TO:		ration Sect on of Corpo			4	
SUBJE	στ. В	RIAN INSU	JLATION & ENERGY SAV	ERS LLC		
SCOJE	C1		Name of Limi	ited Liability Company		
The enc	losed A	rticles of Ar	mendment and fee(s) are subt	mitted for filing.		
Please re	eturn al	l correspond	lence concerning this matter	to the following:		
			YORDANIS R. SILVA RO	DSA		
				Name of Person		
		•	BRIAN INSULATION &	ENERGY SAVERS LLC		
				Firm/Company		
			2527 BONNEVILLE DRI	VE		
				Address		
			ORLANDO, FLORIDA 32	2826		
				City/State and Zip Code		•
			YORDANISSILVA90@GN			
			E-mail address: (1	to be used for future annual rep	ort notification)	
For furt	her info	rmation con	cerning this matter, please ca	all;		
YORDANIS R. SILVA ROSA		407 773-5 at ()				
		Name of F	erson	Area Code	Daytime Telephone Number	
Enclose	d is a cl	neck for the	following amount:			
\$25	.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	re of Status &

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**

BRIAN INSULATION & ENERGY SAVERS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5-11-2016	and assigned
Florida document number L16000092228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BRIAN CONSTRUCTION & REMODELING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	, , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:	2527 BONNEVILLE DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32826	
		UNITED NO.
Enter new mailing address, if applicable:	2527 BONNEVILLE DRIVE	12 E
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 32826	THE STATE OF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>ente</u> e:	r the name of the ne
New Registered Office Address:	F . Fl	
	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	en code

<u>P</u>

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>	Address	Type of Action
AMBR	YORDANIS R. SILVA ROSA	2527 BONNEVILLE DRIVE	
		ORLANDO. FLORIDA 32826	□ Remove
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Tective date, if other than the one offective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing or m ck does not meet the applicable statutory filing	(optional) note than 90 days after filing.) Putsuant to 605.0 g requirements, this date will not be listed)207 I as
record specifies a delayed The 90th day after the reco	effective date, but not an effective t rd is filed.	ime, at 12:01 a.m. on the earlier	r of :
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