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COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

SUBJECT: BRA/	NDON BOULN	416	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mutted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRANDAN	BOURNE Name of Person BOURUE (- 4) Firm Company	
	BRANDON	BOURNE C.	<u>.</u> .
	100 EOGEL	VATER OR. I	1325
		Address	
	CORAL GAR	LES FL, 33 City State and Zip Code OUPNE 23 GH	133
	00.00	City State and Zip Code	-TO 1/1 C -1
	DKANDON_B E-mail address: 0	OUPNE 23 G H	O (TUALC-COVY
For further information c	oncerning this matter, please co	all:	
BLANDON	BOURNE	at (<u>803)</u> 97 8 Area Code Daytin	-8330
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, Fl. 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANDON BOUR	NCCC	
BRANDON BOUR (Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L16000126915}$.	were filed on JULY 5 20	16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab BRANDON BOURNE L. L. C. The new name must be distinguishable and contain the words "Limited Liabiletic	<u></u>	Aluminium 1 1 C 2
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 ENGEWATER DE CORAL GLABLES F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 EDGEWATER COFAL GABLES F	OR # 325 L 33133
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		7
New Registered Office Address:	Enter Florida street address	
	. Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zap Code

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Cl Add
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17	Covered Signature	B	. -				

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