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R. WHITE JUIL 0 7 2013

COVER LETTER

TO: Registration Secti Division of Corpo			
surject: BRA	Name of Limit	ed Liability Company	Servoll
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	•
Please return all correspond	ence concerning this matter to	o the following:	
	BRAC	Name of Person	
	BRADGE	LORY COMPANY ST. DO	e Serve LCC
	303 M	WHIGAN AUD Address	
	Sandy Box E-mail address: (to	City/State and Zip Code O be used for future annual report notific	(M)
For further information con	cerning this matter, please ca	II:	
BRAN CRO	erson	at (321) 43/- 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

TO ARTICLES OF ORGANIZATION **OF**

BRAD OROR CORP. (Name of the Limited Hiability Compa	any as it now appears on our record Liability Company)	(0) (2) (9) (5: 26	
The Articles of Organization for this Limited Liability Company Florida document number 4 10 (750) 15 1339	731 - VAL	Ollo and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	XE) AND TRIM	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	323 McHiG	AND ALO	
(Principal office address MUST BE A STREET ADDRESS)	INDIALANTIC	FL 32903	
Enter new mailing address, if applicable:	323 McH16	20.	
(Mailing address MAY BE A POST OFFICE BOX)	INDIAL ANTIC	-, Fz 32903	
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:		s, <u>enter the name of the ne</u>	
•			
New Registered Office Address:	Enter Florida street address		
	FI	orida	
· · · ·	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I haraby account the appointment as registered meant and agr	as to sot in this consoits. I fo	onthan unna to accounts with a	

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

or removed from our records:				
MGR = M AMBR = A	lanager .uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Remove	
			Change	
			□ Add	
			Remove	
			Change	
			Remove	
			Change	
			□ Remove	
			☐ Change	
			□ Add	
			□ Remove	
			Change	
			Add	
			☐ Remove	
			□ Chapus	

•	
(If an cl Note:	(optional) fective date, if other than the date of filing: 5 15 17 (optional)
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00