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(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Corp			
SUBJECT:	&R Contraction	led Libility Company	
	mendment and fee(s) are subr		
	Oliver	Van de Km Name of Person	<u>'\\</u>
	B&R C	Firm/Company	
	2076	Coma Court	
	Jacksonvil'	City/State and Zip Code	+
	BR-constact E-mail address: (1	ich @ comoust io be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	alf:	
Name of	de Komp	at (904) 250 Area Code Daytim	- 7720 e Telephone Number
Enclosed is a check for the	e following amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it dow appears on our records.)
The Articles of Organization for this Limited Liability C	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, it applicable. (Principal office address MUST BE A STREET ADD)	RESS)
Timepa office week to Mode in the Control of the Co	2020
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
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 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

Title Name Address Type of Action

MGR Michael Lincoln 2036 Mayori Rd Allahi Bady H Madd 322333

| Change |

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. II amena	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 14, 2020.
	Signature of a member or anthorized representative of a member
	Typed or printed name of signee