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OLVISION OF CORPORATIONS

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COVER LETTER

		ration Sec on of Corp		45				
cup ic	В	rugge Cons	sulting Group LLC					
SUBJEC	-1: _		Name of Lim	ited Liability Company				
The encl	osed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	turn al	l correspon	dence concerning this matter	to the following:				
			Wallace Brugge					
				Name of Person				
				Firm/Company	-			
			809 53rd Terrace N					
				Address				
			St. Petersburg, FL 33703					
				City/State and Zip Code				
			bruggefam@yahoo.com					
			E-mail address: (1	to be used for future annual report notifi	cation)			
For furth	er info	mation co	ncerning this matter, please ca	all:				
Wallace	Brugg			727 235-2309 at ()				
		Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a cl	heck for the	following amount:					
■ \$ 25.0	00 Fili	ng 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

Brugge Consulting Group LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000211605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 or registered agent and/or the new registered office address her		nter the name of the Mew
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			— GAdd
			DAdd To Remove Page Charge Charge Charge
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove

_□ Change

Nature of business to be con	· ·					
						
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Effective date, if other than th	o data of filing				(optional)	
f an effective date is listed, the date m	ust be specific and	i cannot be prior	to date of filing	or more than 90 da	ys after filing.)	
Note: If the date inserted in this to document's effective date on the			able statutory i	iling requireme	nts, this date	will not be listed as
ne record specifies a delaye The 90th day after the re			t an effectiv	ve time, at 12	2:01 a.m. o	on the earlier o
Dated August 9		2017				
Walla	\sim 0		orized represents			

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Typed or printed name of signee

Filing Fee: \$25.00