

LT7000020101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

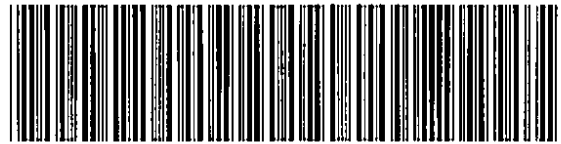
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322152549

12/19/18--01017--030 **25.00

FILED

18 DEC 19 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brilliant Creative Fabrication, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David R. Piper

Name of Person

Brilliant Creative Fabrication

Firm/Company

613 Triumph Court, Unit 1

Address

Orlando, Fl. 32805

City/State and Zip Code

dave@brilliant-fab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Piper

407

203-1520

at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Brilliant Creative Fabrication, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 25, 2017 and assigned Florida document number L17000020101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

613 Triumph Court

Unit 1

Orlando, FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

613 Triumph Court

Unit 1

Orlando, FL 32805

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mark Rutecki & Associates, P.A.

New Registered Office Address:

215 Celebration Place, Suite 520

Enter Florida street address

Celebration

City

Florida 34747

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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------------------|--|
| MGR | R.J. A. D'Orazio | 190 S. Lasalle Street, Suite 3025 | <input type="checkbox"/> Add |
| | | Chicago, IL 60603 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | David R. Piper | 2158 Windermere Pointe Drive | <input checked="" type="checkbox"/> Add |
| | | Winter Garden, Florida 34787 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 DEC 19 PM 5:30
 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)