## 117000024170

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** AMENDED ARTICLES OF ORGANIZATION FOR FLORIDA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM K. LEARY Name of Person **BRAND IT GEAR LLC** Firm/Company 121 TROUPE RD Address SAN MATEO, FL 32187 City/State and Zip Code Keith@branditgear.com

For further information concerning this matter, please call:

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)

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

□ \$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**

ADT	_	O DRGANIZATION	records.)  7 and assigned.	
AKI		)F	2019 LEIN	
(Name of the Limi		DIT GEAR LLC	records)	
(Ivanie vi me zami	(A Florida Limited	iny as it now appears on our Liability Company)	16Cords.) 76	
The Articles of Organization for this Limited L	were filed on 01-31-201	7 and assigned		
Florida document number L17000024170	<u> </u>	-		
This amendment is submitted to amend the foll	owing.			
	Ū			
A. If amending name, enter the new name o	f the limited liah	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Lighi	lity Company " the decignotion	and I C'' as the abbreviation at I C''	
		121 TROUPE RD	in the of the above viation E.T., C.	
Enter new principal offices address, if applic		SAN MATEO, FL 3218	37	
(Principal office address MUST BE A STREE	(I ADDKESS)			
Enter new mailing address, if applicable:		121 TROUPE RD		
(Mailing address MAY BE A POST OFFICE	BOX)	SAN MATEO, FL 3218	37	
	<del></del>			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	ffice address on our re	cords, enter the name of the new	
registered agent and/or the new registered of	ince address her	<u>e</u> .		
Name of New Registered Agent:	WILLIAM K. L	EARY		
New Registered Office Address:	121 TROUPE RD.			
		Enter Florida street	address	
	SAN MATEO		_, Florida <u>32187</u>	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

gent 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>	Address	Type of Action
			□ Add
			□ Remove
	0112150015005		Change
MGR	CHARLES G. WRIGHT	9319 NW 23RD PLACE GAINESVILLE FL 32606	
			■ Remove
			Change
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Effective date, if other than the	date of filing:		(optional)	
fan effective date is listed, the date mus <b>Note:</b> If the date inserted in this bl	t be specific and cannot be prock does not meet the any	ior to date of filing or more th	an 90 days after filing.) Pursuant to 6	605.0207
document's effective date on the D	epartment of State's recor	ds.	irements, this date will not be i	isted as
ne record specifies a delayed	l effective date, but	not an effective time,	at 12:01 a.m. on the ear	rlier of
The 90th day after the reco	ord is filed.			
JANUARY 2	2019			
Dated		<del></del> .		
	THO HAS	1016		
<del></del>		thorizen representative of a n		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00