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Office Use Only

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## **COVER LETTER**

TO:	Registration Se Division of Cor				• 5	
SUBJEC		e Court LLC				
SUBJE	- I i	Name of Lim	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Kevin Bock				
			Name of Person			
		Brandon Lee Court LLC				
			Firm/Company			
		2407 Whispering Pines Bl	vd			
			Address			
		Navarre, FL 32566				
		bockconst@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)				
For furth	er information co	oncerning this matter, please c	all:			
Kevin B	ock		850 529- at ( )	2138		
	Name of	f Person	Area Code	Daytime Telephone	Number	
Enclosed	l is a check for th	ne following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

Brandon Lee Court LLC

(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 05/10/2017	and assigned
Florida document number 1.17000104568	<del></del> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Brandon Lee Court Property Management LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	3. 	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	X)	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the nam</u> ere:	e of the new registered
Name of New Registered Agent:		263
		20
New Registered Office Address:	Enter Florida street address	
	. Florida	
-	City .	Zip Code I
New Registered Agent's Signature, if changing Regis	stered Agent:	) ST
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agr nd complete performance of my duties, and I am f ed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lin nge.	amiliar with and if this document is
	If Changing Registered Agent, Signature of New Reg	gistered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:  be specific and cannot be prior to date of filing or n ck does not meet the applicable statutory filin partment of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605,020 g requirements, this date will not be listed as
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
October 3 Dated	2022	
isaicu		
	mature of a member or authorized representative	oi a member
	<i>b</i>	

Filing Fee: \$25.00