L17000143986

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv



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T. MATTHEWS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 FEB 22 PM 1: 04

SECRETARY OF STATE TALLAHASSEE. FL

February 2, 2022

CARDE LANNON 6246 63RD LN N PINELLAS PARK, FL 33781

SUBJECT: BRITS & PIECES LLC Ref. Number: L17000143986

We have received your document for BRITS & PIECES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORAATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Too

Tekayla T Matthews OPS

Letter Number: 522A00002593

My Apologies - correct forms enclosed

Thank You

TLar-

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: BRITS & PIEC	es LLC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Caole	Name of Person
Brits	Firm/Company
624b	638 La N
Pinella	S Pak & 33731 City/State and Zip Code
CJ +1 E-mail address	City/State and Zip Code Ortenation City of the horizonal comes: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Carde Langon Name of Person	at (722) 460-2292 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 & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		es LLC		
(<u>Name of the Limited I</u> (A F	iability Compan Porida Limited Li	iv as it now appears on c iability Company)	our records.)	
		were filed on	15/2017	and assigned
Florida document number <u>L17060 14393</u>	<u>86</u> .			
This amendment is submitted to amend the following	and document number LIFGGONGSBL. Immendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: In many must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" In every principal offices address, if applicable: In every mailing address MUST BE A STREET ADDRESS) In every mailing address, if applicable: In address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records. enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Office Address:			
Iter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: Coale Jeanfor Lagar				
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:		<u></u>	
Principal office address MUST BE A STREET A	(DDRESS)	***************************************		
••				
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			-
		ddress on our record	is, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	Con	de Jennif	er Lanno	
New Registered Office Address:		P Plant I.		, <u> </u>
-		Cin	, Florida	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>	Address	Type of Action
gasse AMBR	Carde Clephane	6246 63d Ln N	🗆 Add
PINEZ		Pinellos Pale, FL 33781	ERemove
		6246 63d La N	
aavai AMBC	Carole Lannon	Pinellas Park, Fr 33781	EAdd
MMORE			□Remove
			🗆 Change
			🗆 Add
		·····	□Remove
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effectiv <u>e:</u> If the	ve date is listed he date insert	er than the date I, the date must be spe ed in this block do ate on the Departm	ecific and c les not me	annot be prior et the applica	to date of filin	g or more th	an 90 days after	onal) : filing.) Pursuar s date will not	n to 605.02 be listed
ord sp filed.	oecifies a dela	iyed effective date,	but not a	n effective ti	me, at 12:01	a.m. on the	e earlier of: (t) The 90th d	ay after th
ed	2/15/	2022			<u></u> .				
		<u>C5 (</u> Signat	ure of a me	ember or autho	rized represei	itative of a i	nember		