15128571031 From: Sarah Perales Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Registration Section

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	BRIALL C	ONSTRUCTION, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		~		
		Cheyenne Moscley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		orvillejohnson2009@gm	ail.com	
		E-mail address: (to be used for future annual report not	fication)
For further in	iformation co	ncerning this matter, please ca	all:	
Cheyenne M	Moseley		800 773-0888	
	Name of	Person	at ()	e Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	S30.00 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

BRIALL CONSTRUCTION, LLC		
(<u>Name of the Elmited Liability C</u> (A Florida Lia	Company as it now appears on ou mited Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000190728</u>	pany were filed on 09/11/20	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	f liability company here:	
The new name must be distinguishable and end with the words "Limite	d Linbility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u></u>
		7
	,	
Enter new mailing address, if applicable:		\$\$ 20
(Mailing address MAY BE A POST OFFICE BOX)		
		0 - 2
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our i s here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	a address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered a company has been notified in writing of this change.	plete performance of my du a as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVID JOHNSON	10211 NW 5TH ST.	
		PEMBROKE PINES, FL 33026	☑ Remove
			
			Remove
			
			☐ Remove
		-	
			□ Remove
			Add
			□ Remove

Effective date, if other than the date of filling: The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated December 14 2017	
Signature of a member or authorized rep Orville Johns	
Typed or printed name of	of signee

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Filing Fee: \$25.00