L17000259404

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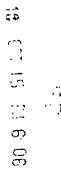
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	BRITT SI	ERVICES, LLC	
		Name of Limi	ted Liability Company	
The en	oclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
			KESIA R MENDES	
			Name of Person	
		I	BRITT SERVICES, LLC	
			Firm / Company	
		2.	482 KING RICHARD RD	
			Address	
		Ŋ	MELBOURNE, FL 32935	
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report n	otification)
For fu	rther information co	ncerning this matter, please ca	llt:	
		A R MENDES	at (<u>614</u>) <u>695-9771</u>	
	Name of	Person	Area Code Dayi	ime Telephone Number
Enclo:	sed is a check for the	: following amount:		
⊠ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILE	NG ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITT SERVICE	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 12/20/2017 and assigned
lorida document number L17000259404	
this amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "T.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
<u> </u>	
	The state of the s
Enter new mailing address, if applicable:	·>
Mailing address MAYBE A POST OFFICE BOX)	. 0
	"·
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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
MGRM_	DANIEL RIBEIRO MENDES	2482 King Richard Rd	Add
		Melbourne, FL 32935	Remove
			□ Change
			Add
			Remove P
			Ø Change
			Add
			☐ Remove
			Change
			Add
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e: If the dat	, if other than the date te is listed, the date must be sp te inserted in this block do ective date on the Departr	es not meet the a	applicable statuto	ing or more than 90 days	(optional) s after filing.) Pursuant to 6 s. this date will not be li	05.0 stec
record sp e 90th da	pecifies a delayed effor ay after the record is	ective date, b filed.	ut not an effe	ctive time, at 12:	01 a.m. on the ear	lier
ed	October 9	2018				
N	ocioner y nice	ture of a member of	or authorized repres	entative of a member		
	_					