## L18000000047

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
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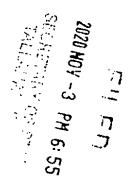
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## **COVER LETTER**

TO: Registration Se Division of Cor				•	•
Brass Soluti	ions LLC			·	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	James Barry				
Name of Person					
	Brass Solutions				
Firm/Company					
	2321 Emperor Drive				
		Address		_	
	Kissimmee, FL 34744				
	· -	City/State and Zip Code		_	
	info@ccservicepros.com	to be used for future annual report notif			
For further information co	oncerning this matter, please ca	·	ication)		
James Barry		407 593-8550 at ()			
Name of	Person	Area Code Daytime	: Telephone Numbe	r	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Sta	tus &

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

Brass Solutions LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records imited Liability Company)	)
The Articles of Organization for this Limited Liability Co Florida document number 1.1800000047	mpany were filed on $\frac{2/13/2020}{}$	and assigned
This amendment is submitted to amend the following:	-•	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		820 <b>x</b>
Principal office address MUST BE A STREET ADDRE	ESS)	80 1
		<u> </u>
		: ♀ <b>≠ </b>
Enter new mailing address, if applicable:		<del></del> വ
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
	<u> </u>	
3. If amending the registered agent and/or registered egent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida 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 ameading 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
MGR	Matthew Barry	2321 Emperor Drive	
		Kissimmee, FL 34744	■Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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Typed or printed name of signee