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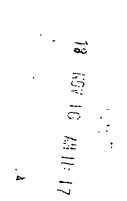
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COVER LETTER

Division of Corporations				
SUBJECT: BパーシュムA-	Name of Limit	S UC.		
The enclosed Articles of Amendme	ent and fee(s) are subr	nitted for filing.		
Please return all correspondence co	oncerning this matter t	o the following:		
	JEKRY	W - ALLEST	>2Y	
		Name of Person		
<u></u>	Diense	Firm/Company	ENDER, T.A.	
	7-19	GARDEN ST	- <u>.</u>	
	·	GARDON ST Address		
	TITE	City/State and Zip Code	L 32796	
	E-mail address: (t	o be used for future annual re	port notification)	
For further information concerning	this matter, please ca	ill:		
Name of Person	LEVEN	at (<u>321</u>) Area Code	269 · 1511 Daytime Telephone Number	_
Enclosed is a check for the follow	ng amount:			
\$25.00 Filing Fee	0.00 Filing Fee & ertificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclo	Sed) □ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & '

MAILING ADDRESS:

TO:

Registration Section

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

BRENNA AND MEEKS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/16/2018	and assigned
Florida document number 1.18000095869		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		7 2
Enter new mailing address, if applicable:	P.O. BOX 321299	
Mailing address MAY BE A POST OFFICE BOX)	COCOA BEACH, FL 32932	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	1
	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 Type of Action <u>Address</u> Name. Title N/A □ Add □ Remove ے ہے Change G Add _l_Remove 🗖 Change _____ Remove □ Add __ ___ □ Remove _____ Change _____ Change _____ □ Remove _____ Change

		
		
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	04/16/2018	(antianal)
ective date, if other than the d effective date is listed, the date must b	se specific and cannot be prior to date of ti	(optional) iling or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this bloc timent's effective date on the Dep	k does not meet the applicable statut	ory filing requirements, this date will not be listed
timent 5 effective date on the 17ep		
record specifies a delayed (effective date, but not an effe	ective time, at 12:01 a.m. on the earlie
he 90th day after the recor	d is filed.	•
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Filing Fee: \$25.00