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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brusca Law, PLLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren Roderick Brusca Name of Person
Brusca Law, PLLC Firm/Company
221 NE Ivanhoe Blvd., Suite 200
Orlando, FL 32804 City/State and Zip Code
Lybrusca@gmails Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
Lauven Roderick Brusca at (407) 501-6564 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy 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

Brvscq (Name of the Limited)	Law P I Liability Compan A Florida Limited I.	LL C iv as it now appears on out iability Company)	or records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 8000 22 3</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a submitted to	ving:		16/2018	assigned to the total assigned to the total assigned to the total assigned to the total assignment to
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	aal NE 1 Sulte acco	Vanhoc BY	v <u>d . </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered off ce address here	fice address on our	records, enter the	name of the new
Name of New Registered Agent: New Registered Office Address:		Noderick Ivanhæ Blva Emer Florida stre		
	Or19	Indo	Florida <u>3 3</u> 	804 o 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 Title Name | **Address Type of Action** □ Add _□ Remove ☐ Change _□ Add ☐ Remove 듦 Change Add TI □dķemove 5 ☐ Change _□ Add _□ Remove _ Change □ Add _□ Remove _□ Change _ 🗆 Add ☐ Remove

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of file	hing or more than 90 days after file	al) no YPursi	uant to 605 (
ote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	ory filing requirements, this da	ite will r	not be listed
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record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:01 a.n	າ. on tl	he earlie
ned 9/17/18			
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Filing Fee: \$25.00