# L18000140589

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



100339877921

02/03/20--01032--023 \*\*30,00

SECRE CALL CALAIST TALLACTOR OF THE SECRETARY

O SIMMONS FEB 27 2020

#### **COVER LETTER**

| •   |  |
|---|--|
| SUBJECT:  | Brixton Investments, LLC   |
|   | Name of Limited Liability Company  |
| The enclosed Articl   | les of Amendment and fee(s) are submitted for filing.  |
| Please return all co  | rrespondence concerning this matter to the following:  |
|   | Matthew Cogan Name of Person   |
| Division of Corporations  SUBJECT: Brixton Investments LLC 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:    Matthew Cocyan   Name of Person |  |
|   | 3131 West Burker Street  |
|   | Tampa FL 33614  City/State and Zip Code  |
|   | Priority . brixton @ g.mail. com  E-mail address: (to be used for future annual report notification) |
| For further informa   | tion concerning this matter, please call:  |
| Matthe<br>N   | ame of Person S at (Q17) 371 - 4006  Area Code Daytime Telephone Number                              |
| Enclosed is a check   | for the following amount:  |
| □ \$25.00 Filing F  | Certificate of Status Certified Copy Certificate of Status &   |
| <u>Mailing A</u><br>Registrat   | ddress:  ion Section  Street Address:  Registration Section  |

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

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

| <u> Drixton Investmen</u>   | its, LLC  |               |
|---|---|---------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limite   | npany as it now appears on our records.)<br>ed Liability Company) |               |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>LISOCOIGO 589</u> .  This amendment is submitted to amend the following: | ny were filed on <u>O6/06/2018</u> and assigned                   | d             |
| A. If amending name, enter the new name of the limited lia  | ability company here:   |               |
| The new name must be distinguishable and contain the words "Limited Lia   |   |               |
| Enter new principal offices address, if applicable:   | 20  |               |
| (Principal office address MUST BE A STREET ADDRESS)   | 2020 JAW  |               |
|   | ω<br>:  | •             |
|   | ". P  | į į           |
| Enter new mailing address, if applicable:   |   |               |
| (Mailing address MAY BE A POST OFFICE BOX)  | 28<br>28  |               |
|   |   |               |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | e address on our records, <u>enter the name of the new reg</u>    | <u>istere</u> |
| Name of New Registered Agent:   |   |               |
| New Registered Office Address:  | Enter Florida street address                                      |               |
|   |   |               |
|   | 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                 | Type of Action   |
|--------------|-------------|-------------------------|--|
| AMBR         | David Dart  | 6308 Butless Crest Dive | □Add   |
|              |             | Bradenton, FL 34203     | Remove   |
|              |             |                         | □Change  |
|              |             |                         | □A <b>đ</b> d  |
|              |             |                         | □Remove  |
|              |             |                         | □ Change<br>20<br>20   |
|              |             |                         | Change Ch |
|              |             |                         | Chemove  |
|              |             |                         | ္ကို ယ္ ြို္င္တို<br>က <b>ထ</b>  |
|              |             |                         | □Add   |
|              |             |                         | □Remove  |
|              |             |                         | Change   |
|              |             |                         | 🗆 Add  |
|              |             |                         | □Remove  |
|              |             |                         |  |
|              |             |                         | 🗋 Add  |
|              |             |                         | □Remove  |
|              |             |                         | □Change  |

## Page 2 of 3

|   |  |   |                            | _   |                                 |                                 |                 | <u> </u>             | _                        | _                     |
|---|--|---|----------------------------|---|---------------------------------|---------------------------------|-----------------|----------------------|--------------------------|-----------------------|
|   |  |   |                            |   |                                 | <del></del>                     | <del></del>     | _                    |                          | _                     |
|   |  |   | _                          | <del>-</del> -                                  |                                 |                                 | <u>.</u>        |                      |                          | _                     |
|   |  |   | _                          |   |                                 |                                 |                 |                      |                          | _                     |
|   |  |   |                            |   |                                 |                                 |                 |                      |                          |                       |
|   |  | •   | <u> </u>                   |   | _                               |                                 |                 | •                    |                          | _                     |
|   | _  |   |                            | —- <u>.                                    </u> | -                               |                                 | <del></del>     |                      |                          | _                     |
| <del>-</del>                              |  |   |                            |   | ·_                              |                                 |                 | (F)                  | 20                       |                       |
|   |  |   |                            |   |                                 |                                 | <del>-</del>    | <u> </u>             | _<br>_₩                  |                       |
|   | •  |   |                            |   |                                 |                                 |                 |                      | AH<br>3                  | ,                     |
|   |  |   |                            |   |                                 |                                 |                 | and<br>No.           |                          |                       |
|   |  |   |                            |   |                                 | <u></u> ;                       |                 | <del>نه</del><br>س ا | <u></u> သ                | تا<br>تا تا<br>د مراث |
|   |  |   |                            |   | -                               |                                 |                 |                      | <del></del><br>28        | _                     |
|   |  |   |                            |   |                                 | <del></del>                     |                 |                      | <del></del> -            | -                     |
|   |  | <u>-</u> .  |                            |   |                                 |                                 |                 |                      |                          | _                     |
| <del></del>                               |  |   |                            |   | <del></del>                     |                                 |                 |                      |                          | -                     |
|   |  |   |                            |   |                                 |                                 |                 |                      |                          |                       |
|   |  |   |                            |   |                                 | _                               |                 |                      | _                        | -                     |
| -   |  | 1=  | · _                        |   | <del></del>                     | <del></del>                     |                 |                      |                          | -                     |
| Effective dat                             | e. if other th                           | an the date o                                       | f filina:                  |   |                                 |                                 | lanti           | onal)                |                          |                       |
| fan effective da<br><u>Note:</u> If the d | ate is listed, the d<br>late inserted in | late must be spec<br>this block doe<br>the Departme | ific and can<br>s not meet | the applica                                     | o date of filin<br>ble statutor | g or more that<br>y filing requ | n 90 days after | r filing.) Pursi     | uant to 60<br>not be lis | 5.0207<br>ted as      |
| The 90th                                  | day after th                             | elayed effec<br>ne record is                        | filed.                     |   |                                 |                                 |                 | a.m. on th           | ne earli                 | ier oi                |
| Dated                                     | ianuary                                  | 100 Carlos<br>Signatur                              | ·                          | 2020  | _·                              |                                 |                 |                      |                          |                       |
|   | 1  | 1~1   | Can                        |   |                                 |                                 |                 |                      |                          |                       |
|   | <u>[^`</u>                               | - cuen-   | <u> </u>                   |   |                                 |                                 |                 |                      |                          |                       |

Page 3 of 3

Filing Fee: \$25.00