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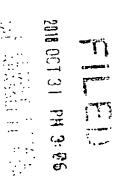
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bratian Home Services, 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:		
NICHOLAS BREGENZER Name of Person		
BREVARD HOME STRVICES, LIC		
1103 W. HIBSUS BUD SUTE 403 Address		
MEUBOURNE, FL 32901 City/State and Zip Code		
NICCOSZIHOMESOUTIONS, Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	2818	1
Name of Person Area Code Daytime Telephone Number	OCT 3 - PH	# or b
Enclosed is a check for the following amount:	ر بن ا	- -
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio	us &	

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

	IME SERVICES, L	LC
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number	<u>.</u>	26[2018 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	- uz-u	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the ne
Name of New Registered Agent:		(a)
New Registered Office Address:		<u>ମ</u> . ଫ
New Neglatered Office Address.	Enter Florida str	eet 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>	Name	Address	Type of Action
MGR	NICHOLAS BREGENZER	1103 W. HIBISCUS BLUD SUTE 403 MERBOURNE, FL 32901	[5] Add
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			Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mor e: If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60: requirements, this date will not be list
ecord specifies a delayed effective date, but not an effective ting se 90th day after the record is filed.	me, at 12:01 a.m. on the earli
io 26 2018	

Page 3 of 3

Filing Fee: \$25.00