

Division of Corporations

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L18000186431

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : 120010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

④

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRP PONCE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

AUG 06 2018

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: BRP PONCE, 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:

W. James Gooding III

Name of Person

Gilligan, Gooding, Franjola & Batsel, P.A.

Firm/Company

1531 SE 36th Avenue

Address

Ocala FL 34471

City/State and Zip Code

jgooding@ocalalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. James Gooding III

352 867-7707
at ()_____
Name of Person_____
Area Code_____
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRP PONCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 3, 2018 and assigned
Florida document number L18000186431.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KELLIE ARDD	119 INLET HARBOR ROAD	<input type="checkbox"/> Add
		PONCE INLET FL 32127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KELLI ARDD	119 INLET HARBOR ROAD	<input checked="" type="checkbox"/> Add
		PONCE INLET FL 32127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 3

2018

Signature of a member or authorized representative of a member

W. JAMES GOODING III, AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee