## L18000 268 926

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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C Kinsey

## **COVER LETTER**

	gistration Sec rision of Corp			
**		EQUITIES LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		SCOTT H BRANDT		
			Name of Person	
		BRANDT EQUITIES LLC		
			Firm/Company	<del></del>
		4613 VAN KLEECK DR		
			Address	
		NEW SMYRNA BEACH.	FL 32169	
		SBRANDT600@GMAIL.C	City/State and Zip Code	
		-	o be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co	d1:	
SCOTT H I	BRANDT		386 428-2319	
_	Name of	Person	at ()	Telephone Number
Enclosed is	a check for th	ne 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

TO:

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

BRANDT EQUITIES LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000268926	were filed on 11/16/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		1900 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-7 PH 5:03
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, re:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PETERSON, RICHARD D	346 RIDGE AVE CLARENDON HILLS, IL 60514	Add
			■ Remove
			Change
AMBR	BRANDT, SCOTT H	4613 VAN KLEECK DR NEW SMYRNA BEACH, FL	■ Add
		32169	□ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			Remove
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			Add
			Remove
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lote: If the date inserted in	an the date of filing:  ate must be specific and cannot lead this block does not meet the the Department of State's records.	applicable statutory	(op g or more than 90 days at filing requirements, t	tional) ler filing.) Pursuant to 605.0 his date will not be listed
e record specifies a de The 90th day after th	elayed effective date, be e record is filed.	out not an <b>e</b> ffect	ive time, at 12:01	. a.m. on the earlier
October 3	2019			
// /	MID IN	<del></del>		

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Typed or printed name of signee

Filing Fee: \$25.00