L19000031812

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| SUBJECT: 3(v | ntco LLC Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Justi | A Brook Name of Person | |
| | Bour | HCO LLC Firm/Company | |
| | 1067 El. | Address | · · · · · · · · · · · · · · · · · · · |
| | Venice, | FL 34285 City/State and Zip Code Outlook.com to be used for future annual report notifi | _ |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| Justin R Name of | 1 Person | at (<u>941</u>) <u>237</u> - Area Code Daytime | 7648 Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Bruntco LLC | |
|---|---|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L19006031812</u> | ompany were filed onand assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ted liability company here: |
| The new name must be distinguishable and contain the words "Limit | ited 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 ADDRE | (ESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 19FEB 25 AM |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | tered office address on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | d 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 = Au | thorized Member | | |
|--------------|-----------------|----------------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Austen Hanner | 1067 Elin St Venice, FL 34285 | DP Add |
| | | Venice, FL 34285 | Remove |
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| iote: | we date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ated _ | 2-21-19 |
| | 1 + 7 + |
| | |
| | Signature of a member or authorized representative of a member Tustin Brut Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00