

L19000003/8/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 10 2019

JUN 11 2019
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2019

COVER LETTER

TO: Registration Section
Division of Corporations

JUN 10 PM 1:11

SUBJECT: BRUNTCO, 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:

Leigh Gallagher-Brunt
Name of Person

BRUNTCO, LLC
Firm/Company

7151 SPINNAKER BLVD.
Address

ENGLEWOOD, FL 34224
City/State and Zip Code

bruntco@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Brunt at (941) 600-7307
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JUN 10 PM 4:11

BZUNTCO, 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 _____ and assigned Florida document number L19000031812

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)

7151 SPINNAKER BLVD
ENGLEWOOD FL 34224

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:

Leigh Gallagher Brunt

New Registered Office Address:

7151 SPINNAKER BLVD.

Enter Florida street address

ENGLEWOOD

City

Florida

34224

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.


Leigh Gallagher Brunt
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>	<u>Type of Action</u>
MGR	JUSTIN BRUNT	1067 Elaine St.	<input type="checkbox"/> Add
		Venice FL 34285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Austen Hammer	1067 Elaine St.	<input type="checkbox"/> Add
		Venice FL 34285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leigh G. Brunt	7151 Spinnaker Blvd	<input checked="" type="checkbox"/> Add
		Englewood, FL 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael T. Brunt	7151 Spinnaker Blvd	<input checked="" type="checkbox"/> Add
		Englewood FL 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 5/1/2019 (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 5/16/2019, _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Justin Brunt

Typed or printed name of signee