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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070

Fax Number

: (888)462-3453 : (877)919-2613

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

Email Address:

EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **BRANDY MORGAN LLC**

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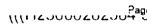
AUG 0 1 2023

Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration So Division of Cor				
cun mor.	BRANDY	MORGAN LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 :	STE 220		
		Address	<del> </del>	
	HOUSTON, TX 77064			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual	report notification)	
For further information of	concerning this matter, please co	all:		
LOVETTE DOBSON			8-462-3453	
Name o	of Person	Area Code	Daytime Teleph	ione Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is one		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	_	ation Section	
Division of C P.O. Box 632			n of Corporation of Tallaha	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears Liability Company)  were filed on	02/20/2019	and as	,
		and as	, ,
			signed
ility company her	<u>e</u> :		
lity Company," the des	ignation "LLC" or th	e abbreviation "L	.L.C."
103 Sable Isle Ct			
Sanford, FL 3277	3		
<del></del>			<del></del>
103 Sable Isle Ct			
Sanford, FL 32773			
address on our rec	ords, <u>enter the n</u>	ame of the ne	w registere
		<b>2023</b>	
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Enter Floria		SS - P	PROV
Cuy	, rioriua		
<u>.</u>			
performance of a provided for in Cl	ly duties, and La napter 605, F.S. (	agree to com m familiar wi Or, if this doc	ith and ument is
	Enter Floria  Cuy  ree to act in this comprovided for in Chip	103 Sable Isle Ct Sanford, FL 32773  103 Sable Isle Ct Sanford, FL 32773  address on our records, enter the n  Enter Florida street address	Hity Company." the designation "LLC" or the abbreviation "L  10.3 Sable Isle Ct  Sanford, FL 32773  103 Sable Isle Ct  Sanford, FL 32773  address on our records, enter the name of the ne  Enter Florida street address  Florida  City  Total Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brandy Bergh	103 Sable Isle Ct	□Add
		Sanford, FL 32773	□Remove
			<b>■</b> Change
			□ Add
			☐ Remove
			Change
			🗆 Add
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Effective date, if other than the di- dran effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	licable statutory.	or more than 90 day filling requirement	(optional) s after filing ) Pursuant is, this date will not b	to 605 0207 (3)(b) re-listed as the
it the record specifies it delayed effective i econd is filed	lme, hut not an effective	: time, at 12:01 a	i.m. on the earlier	of: (b) The 90th day	atter the
Dated   Date	2023	·			
Si	gnature of a member or an	Franch Be	ygh alighol a member		
		ndy Bergh			

Filing Fee: \$25.00

Lyped or printed name of signee