# LI9 000090350

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(	(Requestor's Name)		
(	(Address)		
(Address)			
	(City/State/Zip/Phone #)		
	(Business Entity Name)		
	(Document Number)		
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Office Use Only			



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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

BRETTPOST LLC

SUBJECT:

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:

Brett T Post

Name of Person

BRETTPOST LLC

Firm/Company

17412 2nd St E

Address

Redingon Shores, FL 33708

City/State and Zip Code

brettpostllc@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRETTPOST LLC	2620 SEP 14 11 9:53
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000090350</u>	y were filed on 04/02/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17412 2nd St E; Redington Shores, FL 33708
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	PO BOX 3980: Seminole, FL 33775
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. enter the name of the new registered
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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

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#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 2020 SEP 14 All 9: 53	Type of Action
MGR	Brett T Post	17412 2nd St E; Redington Shores, FL 33708	🗌 Add
			🗆 Remove
			Change
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			□ Change



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

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Effective date, if other than the d (If an effective date is listed, the date must h <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of fil ik does not meet the applicable statute	<b>(optional)</b> ling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b ory filing requirements, this date will not be listed as the
he record specifies a delayed effective of ord is filed.	date, but not an effective time, at 12:0	II a.m. on the earlier of: (b) The 90th day after the
September 4th	, 2020	
Bull Post		
	ignature of a member or authorized repres	sentative of a member
Brett T Post		

Typed or printed name of signee