490000 95209

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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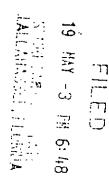




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05/05/19--01014--018 **25.00

MAY 1 5 2019 S. YOUNG



COVER LETTER

	ation Secti a of Corpo			
SUBJECT:	Brent	on Manor, LLC		
		on Manor, LLC Name of Lim	ited Liability Company	
The enclosed Art	icles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all o	corresponde	ence concerning this matter	to the following:	
		Kaylee	Bishop Name of Person	
		•	Name of Person	
		Cont	vollers, L+d. Firm/Company	
			Firm/Company	
		1005 Term	mai way Ste. 220	
			Addrèss	
		Deno, L	City/State and Zip Code	
	-	E-mail address: (1	acto Controllers td. Control	otification)
For further inforn	nation conc	erning this matter, please ca	all:	
Kas	ilce Bi	Shaa	en i en en en en en	277
	Name of Pe	rson	at (<u>866</u>) 786 - 3 Area Code Dayt	ime Telephone Number
Enclosed is a chec	ck for the f	ollowing amount:		
■ \$25.00 Filing	Fee f	□ \$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

Brenton Mar	or, LLC
(<u>Name of the Limited Liability Comp</u> (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>L19000095209</u>	y were filed on $04/05/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility 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:	
(Principal office address MUST_BE A STREET ADDRESS)	(O)
	三
Enter new mailing address, if applicable:	- w E
(Mailing address MAY BE A POST OFFICE BOX)	
Muning address MAT BL AT OST OTTICE BOAY	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
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 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>	Address	Type of Action
AMBR	Dale Dixon	1080 Brenton Manor dr. Vinter Haven, F1 33881	□ Add
		Uinter Haven, fl 33 8 81	Remove
		Mississis Donal to Dale	Change
			□ Add
			□ Remove
			□ Change
		<u></u>	
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			Remove
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f an effi <u>Note:</u>	ective date If the date	is listed, the date inserted in th	e must be specific	and ca ot mec	nnot be pri- et the appl	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (icable statutory filing requirements, this date will not be listed as the
			ayed effectiv record is file		te, but n	not an effective time, at 12:01 a.m. on the earlier of
Dated .	<u>Apar</u>	<u> 129</u>		· .	2019	horized representative of a member
		,	ν	í.	21	
			Klua	W	$I \supset O h_A$	
			Signature	of a mer	mber or au	porized representative of a member

Page 3 of 3

Filing Fee: \$25.00