

L19000174725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

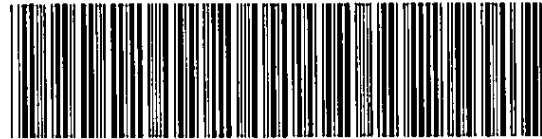
(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG -8 PM 12:53

2022 AUG 10 10:00

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BRIGAN ENTERPRISES, 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:

BRASINGTON BEAKLEY

Name of Person

BRIGAN ENTERPRISES, LLC

Firm/Company

40 BISHOP CREEK DR

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

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

For further information concerning this matter, please call:

BRASINGTON BEAKLEY

727 744-5288
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
PMGR	BEAKLEY, BRASINGTON	40 BISHOP CREEK DR	<input type="checkbox"/> Add
		SAFETY HARBOR, FL 34695	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S	BEAKLEY, PATRICIA	40 BISHOP CREEK DR	<input type="checkbox"/> Add
		SAFETY HARBOR, FL 34695	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

PLEASE CHANGE THE ADDRESS ON FILE FOR THE PRINCIPAL ADDRESS, MAILING ADDRESS,
AND AUTHORIZED PERSONS DETAIL ADDRESS FOR BOTH THE PMGR AND S. THANK YOU.

E. Effective date, if other than the date of filing: AUGUST 3, 2022 **(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 AUGUST 3, 2022



Signature of a member, or authorized representative of a member

BRASINGTON BEAKLEY

Typed or printed name of signee