

L19 000 215 765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

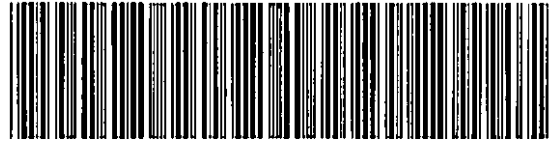
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10/14

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800374736778

*Amend*

11/09/21--01028--004 \*\*25.00

CLERK OF SUPERIOR COURT  
JANUARY 1, 2021

2021 NOV -9 AM 8:41

FILED

A. RAMSEY  
NOV 10 2021

A. RAMSEY  
NOV 10 2021

X 00685, 00671

## COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: Brisco Enterprises LLC

Name of Limited Liability Company

2021 OCT 14 PM 8:14

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Stern

Name of Person

Brisco Enterprises LLC

Firm/Company

463 Cheltenham Ave SE

Address

Palm Bay, FL 32909

City/State and Zip Code

yvette@coolwatersaccounting.com

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

For further information concerning this matter, please call:

Scott Stern

562

519-2669

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT -9 AM 9:45

October 25, 2021

SCOTT STERN  
BRISCO ENTERPRISES LLC  
463 CHELTENHAM AVE SE  
PALM BAY, FL 32909 US

SUBJECT: BRISCO ENTERPRISES LLC  
Ref. Number: L19000215765

We have received your document for BRISCO ENTERPRISES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 021A00025942

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Brisco Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2021 NOV -9 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/23/2019 and assigned  
Florida document number L19000215765.

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)**

**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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	McMurray, Michael	1290 Highway A1A	<input checked="" type="checkbox"/> Add
		Suite 211	<input type="checkbox"/> Remove
		Satellite Beach, FL 32937	<input type="checkbox"/> Change
MGR	Caswell, Troy R	2084 Meadowlane Ave	<input checked="" type="checkbox"/> Add
		West Melbourne, FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kern, Allison	798 Americana Blvd NE	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Castro Jr., Israel	798 Americana Blvd NE	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32907	<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

[illegible]

(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)

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.

Signature of a member

Typed or printed name of signee