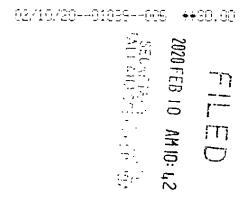
## L19000261399

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Amendices

MAR () 6 2020 I ALBRITTON

## **COVER LETTER**

TO:

	istration Sc ision of Cor				
CUBUCT	Brandt Discovery & Innovation, LLC				
SUBJECT:		Name of Lim			
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Emily B. Cour			
			Name of Person	<del></del>	
		Brandt Discovery & Innov	ation, L1.C		
			Firm/Company		
		2935 S. Koke Mill Road			
	Address				
Springfield, IL 62711					
			City/State and Zip Code		
		emily.cour@brandt.co			
For further in	iformation co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report no all:	nification)	
Emily B. Co	иг		217 547-5869 at ()		
	Name of	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	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		Street Address: Registration S	ection		
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tal	lahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brandt Discovery & Innovation, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records mited Liability Company)	
The Articles of Organization for this Limited Liability Com		
Florida document number L19000261410		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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:		2000
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		20 0
Enter new mailing address, if applicable:		3 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u> 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered writer address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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
MGR	Brandt, Inc.	1216 Old Hopewell Road	
		Tampa, FL 33619	■Remove
			□Change
MGR	Team Brandt, LLC	2935 S. Koke Mill Road	
		Springfield, IL 62711	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 🗆 Add
			□Remove
			Change
		<u></u>	
		- <u></u>	□Remove
			□Change
		<u> </u>	
			□Remove
			Change

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an cit	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	January 3) . 2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00