## L20000014011

(Re	equestor's Name)	
(Āc	idress)	
(Ac	idress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u>-</u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co				
change NA	AICS code			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	C		
	Brittany Ford			
		Name of Person		-
	BRITT FORD LLC			
		Firm/Company	<del></del> -	-
	702 S Willow Ave			
		Address		-
	Tampa FL 33606			20
		City/State and Zip Code	-	23 H
	britt@brittford.us	Chyrsiate and Zip Code		023 HAR -2
	E-mail address: (	to be used for future annual report r	otification)	- 1: ~ ~ · ·
For further information (	concerning this matter, please c	all:		PHI2: 29 OF STATE SEE, FL
Brittany Ford		973 224-0541 at ( )		7: 29 FL
Name o	of Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration S Division of C	Section forporations	
P.O. Box 632	<u>'- 1</u>	The Centre of	I Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITT FORD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/21/2020 and assigned Florida document number 120000014011 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 "LLC." 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

## 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 1	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>	Name	Address	Type of Action
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			□Remove
			©Change
			□Add
			□Remove
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effective date is listed, the date mus te: If the date inserted in this blo	ock does not a	neet the applic	able statutory					
ument's effective date on the De	partment of S	State's records						
cord specifies a delayed effective	e date: but not	an effective ti	me at 12:01 a	m. on the earli	er of: (b)	The 90th d	nv after t	he
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22 of February		2023				SEC SAL	2023 HAR	
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Filing Fee: \$25.00

Typed or printed name of signee