Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 : (727)443-5190 : (727)474-9949 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORRET PROPERTIES LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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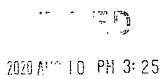
AUG 1 2 2020

COVER LETTER

TO: Registration Se Division of Cor			
FORRET P	ROPERTIES LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David Forret		
		Name of Person	
		Firm/Company	
	1356 Whispering Pines Dr		
		Address	
	Clearwater, FL 33764		
		City/State and Zip Code	
	forretdavid@gmail.com	to be used for future annual rep	port notification)
For further information of	concerning this matter, please co		·
David Forret		727 480-0 Area Code	
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Add Registrat	ress: ion Section
Registration Division of 0		Division	of Corporations
P.O. Box 632	27		re of Tallahassee Monroe Street, Suite 810
Tallahassee,	FL 32314	2415 N. I	Monioc Sucer, Saire 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FORRET PROPERTIES LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	any were filed on 03/06/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	lability company here:	
Brydon Properties LLC		
The new name must be distinguishable and contain the words "Limited ${ m L}$	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
·	, Flor	ida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			Change
			□Add
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			□Change

fective date, if other than the date of filing: (optional) In 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 605.02 Research of the filing in this block does not meet the applicable statutory filing requirements, this date will not be listed a comment's effective date on the Department of State's records. 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 is filed. 2020 August 7 2020 Suparative of a member or authorized representative of a member	1	KONE
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Filing Fee: \$25.00