## L200000 75255

| (Requestor's Name)                            |
|---|
| (Address)                                     |
| (Address)                                     |
| (City/State/Zip/Phone #)                      |
| PICK-UP WAIT MAIL                             |
| (Business Entity Name)                        |
| (Document Number)                             |
| Certified Copies Certificates of Status       |
| Special Instructions to Filing Officer:       |
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L'MARA CO KINSEY



April 3, 2020

MICHAEL B BRANNEN 912 CR 7535 WEBSTER, FL 33597

SUBJECT: BRANNEN SOUTHERN CLEANING LLC

Ref. Number: L20000075255

We have received your document for BRANNEN SOUTHERN CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Letter Number: 020A00007272

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

| TO: Registration Section Division of Corporations | •  | . <del>•</del>           |
|---|--|--------------------------|
| SURJECT: Arannen Si                               | sulhern Clear  | rina LLC                 |
| N:  | nme of Limited Liability Company   | 0                        |
|   |  |                          |
| The enclosed Articles of Amendment and fee        | s) are submitted for filing.   |                          |
| Please return all correspondence concerning the   | nis matter to the following:   |                          |
|   |  |                          |
| Michae  | 1 B Branner  |                          |
| 111100  | Name of Person   |                          |
| han wa  | on Southern (  | Neaning                  |
| D/Q///  | Name of Limited Liability Company  Southern Cleaning LLC Name of Limited Liability Company  Michael B Bramen Name of Person  Bramen Southern Cleaning Firm/Company  912 CR 753 S Address  Lebster FL 33597 City/State and Zip Code Bramen and Jip Code Bramen and Jip Code Bramen and Jip Code Bramen and Jip Code Centification  at 252 348 - 8055 Area Code Daytime Telephone Number  at Certificate of Status  Certificate of Status  Address:  Cardificate of Status  Address:  Cardificate of Status  Certificat Copy (additional copy is enclosed)  Address:  Cardificate of Status Address:  Cardificate of Status Certified Copy (additional copy is enclosed)  Cardificate of Status Address:  Cardificate of Corporations  Cardificate Opp Status Address:  Cardificate Opp Status |                          |
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| <u> 412 C</u>                                     | Address  |                          |
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| Webst   | City/State and Zin Code  | 97                       |
|   |  |                          |
| E-mail  | l address: (to be used for future annual   | report notification)     |
| For further information concerning this matte     | r, please call:  |                          |
| 0\01/a 0  | 250  | 348 - 8055               |
| Name of Person                                    | at ( <u>ع حرد)</u><br>Area Code  | Daytime Telephone Number |
|   |  |                          |
| Enclosed is a check for the following amount      |  |                          |
| ,   |  | & □ \$60,00 Filing Fee.  |
| <del>-</del>                                      | Status Certified Copy  | Certificate of Status &  |
|   | (additional copy is enc  |                          |
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|   | 0  |                          |
| Mailing Address: Registration Section             |  |                          |
| Division of Corporations                          |  |                          |
| P.O. Box 6327                                     |  |                          |
| Tallanassee, FL 32314                             |  |                          |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 M .. 14 PM 2: 11

|   |  | 1  |                                     |
|---|--|--|-------------------------------------|
| Brane of the Limited Liability Company (A Florida Limited Lia   | Lean in Ci d                               | ur records )                                 |                                     |
| (A Florida Limited Lia  | bility Company)                            | <u> </u>                                     |                                     |
| The Articles of Organization for this Limited Liability Company w   | rere filed on 3 -                          | 4-2020                                       | _ and assigned                      |
| Florida document number L 200000 75255  |  |  |                                     |
| This amendment is submitted to amend the following:   |  |  |                                     |
| · ·   |  |  |                                     |
| A. If amending name, enter the new name of the limited liabili  | ty company here:                           |  |                                     |
| The new name must be distinguishable and contain the words "Limited Liability   | y Company," the designa                    | tion "LLC" or the abbre                      | eviati "L.C."                       |
| Enter new principal offices address, if applicable:   |  |  |                                     |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  | <del></del>                         |
| Timeput office uturess in 031 DE A STREET ADDRESS   |  |  |                                     |
|   |  |  |                                     |
| 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 office adagent and/or the new registered office address here:                 | ldress on our record                       | ls, <u>enter the name (</u>                  | of the new registered               |
|   |  |  |                                     |
| Name of New Registered Agent:   |  |  |                                     |
|   |  |  |                                     |
| New Registered Office Address:  | Enter Florida st                           | reet address                                 |                                     |
| ·   |  | , Florida                                    |                                     |
|   | City                                       |  | Zıp Code                            |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |                                     |
| I hereby accept the appointment as registered agent and agree   | to act in this capa                        | city. I further agree                        | z to comply with the                |
| provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as pr | verformance of my c<br>vovided for in Chap | tuties, and 1 am jar<br>ter 605, F.S. Or, if | ntitar with and<br>This document is |
| being filed to merely reflect a change in the registered office a   | iddress, I hereby co                       | nfirm that the limit                         | ed 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address           | Type of Action |
|--------------|-------------------|-------------------|----------------|
| NGC.         | Michael B Brannen | 912 CR 1535       | L'Add          |
| )            |                   | Webster, FI 33597 | □Remove        |
|              |                   |                   | □Change        |
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| <u> lote:</u>    | ive date, if other than the date of filing:  |
| recor<br>l is fi | 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<br>led. |
| ated             | March 18 , 2020.   |
|                  | Michael B. Rommen Signature of a member or authorized representative of a member   |
|                  |  |

Filing Fee: \$25.00