

L20 000 118 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

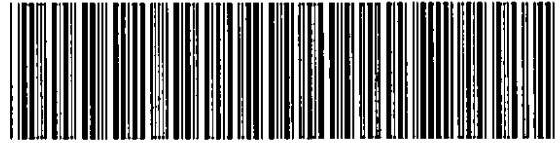
(Business Entity Name)

(Document Number)

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2020 JUN 15 PM 12:49  
FILING OFFICE  
TALLAHASSEE, FL 32309

JUN 16 2020

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT:

A BRITT & CO LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Amanda Britt

Name of Person

ABRITT & CO LLC

Firm/Company

3108th ST

Address

Atlantic Beach FL 32233

City/State and Zip Code

contact @ party tricks chix.com

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

For further information concerning this matter, please call:

Amanda Britt

Name of Person

at (443)

Area Code

336 0336

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)

already paid

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ABRITT & COL

(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 06-02-2020 and assigned  
Florida document number 120000118338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT CHANGING

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:

Amanda Britt

New Registered Office Address:

3108<sup>th</sup> ST Atlantic Beach

Enter Florida street address

Atlantic Beach

City

Florida

32233

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

Amanda Britt

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage or removed from our records:

the title, name, and address of each person being added

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<del>AMBR</del> owner President	AMANDA BRITT
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310 3rd ST	<input checked="" type="checkbox"/> Add
ATLANTIC BEACH 32233	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

AMBR	ELIZABETH BRITT
------	-----------------

40 HUDSON ST suite 112	<input checked="" type="checkbox"/> Add
Annapolis MD 21401	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

	<input type="checkbox"/> Add
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	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD AN AUTHORIZED USER  
AMANDA BRITT (owner, president)

I need to be an authorized user!!

E. Effective date, if other than the date of filing: 06-02-2020 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 06-02-2020

Amanda Britt

Signature of a member or authorized representative of a member

AMANDA BRITT

Typed or printed name of signee