## L20 000142731

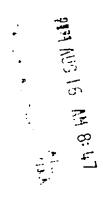
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor		. ,	•
ciro in		R BRIAN & CO, LLC		
SUBJE	۳۱:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jason Brian		
			Name of Person	
		ATWATER BRIAN & CO	), LLC	
			Firm/Company	
		1203 Town Center Dr. #10	)9	
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report i	notification)
For furtl	her information o	concerning this matter, please c	all:	
Peter Fe	eldman, Esq.		561 767-6870	
	Name o	if Person	Area Code Day	time Telephone Number
Enclose	d 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)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Address</u> Registration	
	Registration Division of C		Division of C	
	P.O. Box 632	27	The Centre o	f Tallahassee
	Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATWATER BRIAN & CO, LLC

(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L20000142731</u>	Liability Company w	ere filed on 5/26	/2020	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the des	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli				
(Principal office address MUST BE A STREET ADDRESS)				
Trincipal office daurem (1031 BE A STRE.	<del></del>		<u>ਂ</u> ਨ	
			<del>-</del> -	
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			cords, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	7865 Emerald Wi	nds Cir		
rio v rio grant or rio rio rio rio rio rio rio rio rio		Enter Florid	la street address	
	Boynton Beach		, Florida	33473
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete p gistered agent as pr gregistered office a	erformance of n ovided for in Cl	ny duties, and La hapter 605, F.S. (	m familiar with and Or, if this document is

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
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		Jupiter, FI 33458	Remove
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ective date, if other than the date of filing:		(4	optional)	
reffective date is listed, the date must be specific and cannot be prior	to date of filing or	more than 90 days	after filing.) Pursuai	nt to 605.02
te: If the date inserted in this block does not meet the applies tument's effective date on the Department of State's records.		ng requirements	, this date will not	be listed
cord specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m	. on the earlier o	f: (b) The 90th o	lay after th
s filed.				
ed August 11. 2021				
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Signature of a member or autho				

Filing Fee: \$25.00