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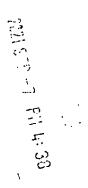
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Consideration to File of Office
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
BRAD-BP			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRAD S. DAHLER		
		Name of Person	
		Firm/Company	
	28 GULFVIEW WAY		
		Address	
	SANTA ROSA BEACH, I	FL 32459	
	1.101.0	City/State and Zip Code	
	brad@bpfla.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
BRAD S. DAHLER		850 842-8800 at (
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		Street Address: Registration Se	etion
Division of Corporations		Division of Cor	porations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monro	allanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAD-BPFLA LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>v</u>)
The Articles of Organization for this Limited Liability Company were filed on JULY 21, 2020 Florida document number 1.20000213316	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BRADLEY S. DAHLER, LLC	
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 tagent and/or the new registered office address here:	the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	·
Flo	orida
City	Zip Code -0
New Registered Agent's Signature, if changing Registered Agent:	orida
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur	ther 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 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
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
	
Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/27/21. 2021 RADUN
	Signature of a member or authorized representative of a member
	BRADLEY S. DAHLER
	Typed or printed name of signee

Filing Fee: \$25.00