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COVER LETTER

TO: Registration So Division of Co						
Incense F	alls LLC					
SUBJECT:	Name of Lin	nited Liability Company	v			
The englosed Articles of	Amendment and fee(s) are sub	amittad for Glina				
	ondence concerning this matter	· ·				
	Brett T Post					
		Name of Persor				
	BRETTPOST LLC	radic of Fernov	•			
	-	Firm/Company				
	17412 2nd St E					
		Address	······································			
	Redington Shores, FL 3	3708				
		City/State and Zip C	lode		, ~	2
	brettpostllc@gmail.com				3 50	020
	E-mail address: (to be used for future an	inual report notifica	tion)	- in	2020 SEP 14
For further information c	oncerning this matter, please c	all:				
Brett T Post		727 at (5106123			<u> </u>
Name o	f Person	Area Code	Daytime To	elephone Number	r = .	7: 54
Enclosed is a check for the	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	y	S60.00 Fili Certificate Certified C tadditional co	of Status Jopy	
<u>Mailing Addres</u> Registration 9			et Address: istration Section	on.		
Division of C			ision of Corpo			
P.O. Box 632		The	Centre of Tall	lahassee		
Tallahassee, l	FL 32314	241	5 N. Monroe S	Street, Suite 81	()	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Incense Falls LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number L20000245920	y were filed on <u>08/12/2020</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L1.C" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	ole: 17412 2nd St E; Redington Shores, FL 33708			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	PO BOX 3980; Seminole, FL 3377	5		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<u> </u>		
	. Florida	7:5 <u>5</u>		
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brett T Post	17412 2nd St E; Redington Shores, FL 33708	□Add
			□Remove
			@Change
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on effective date is listed, the date must be to the date inserted in this block	e specific and cannot be prior to k does not meet the applicable	date of filing or more the statutory filing rec	nan 90 days after filing. nuirements, this date) Pursuant will not b	to 605.020 be listed as
ocument's effective date on the Department			·		
1			11 2 1 70		
ecord specifies a delayed effective of is filed.	ate, but not an effective time	e, at 12:01 a.m. on th	e eartier of: (b) Th	e 90th day	y after the
0 1 101					
September 10th					
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Bull Post					

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