## L20 00 253727

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ENTAL SOLUTIONS LLC					
SUBJECT:	Name of Lin	ited Liability Company				
	Amendment and fee(s) are sub					
	MATTHEW BARRY					
	<del>-</del>	Name of Person				
	BRASS RENTAL SOLUT	TIONS				
		Firm/Company				
	2321 EMPEROR DRIVE		262 S.J.			
		Address				
	KISSIMMEE FL 34744		SUCKE AS TALLY S			
	<del></del>	City/State and Zip Code				
	MATT.BARRY1120@GM					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	concerning this matter, please c	all:				
MATTHEW BARRY		407 279-9873 at ( )				
Name o	f Person		ne Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations			
Tallahassee,		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRASS RENTAL SOLUTIONS LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) inted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com	pany were filed on AUGUST 18 2020	and assigned
Florida document number L2000253727		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
BRASS LOGISTICAL SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
-		<u> </u>
Enter new mailing address, if applicable:		5 1 30
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	σ.
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		10 0 To
B. If amending the registered agent and/or registered of	Tice address on our records, enter the r	name of the new registered
agent and/or the new registered office address here:		• • •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code

New Registered Agent's Signature, it 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 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
MANAG:	JAMES BARRY	2321 EMPEROR DRIVE	□Add
		KISSIMMEE FL 34744	<b>=</b> Remove
			□Change
			□ Remove
			Change
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ecord sp is filed.	oecifies a delayed ef	fective date, but	поt an effec	ctive time, at	12:01 a.m. or	the earlier of	(b) The 9	00th day aft	er the
ated	March 14		a	) <u>23</u> .					
		/ //	てナノー			f a member			

Filing Fee: \$25.00