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Alphonso Bryant Cell: 786-273-0692	000392599570	
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	08/25/2501069024 - ++f0.40	
Special Instructions to Filing Officer: Registered Agent Signature 00789,000611,000071	2022 DEC -5 All 8:30 ANELY: FESTAT	
Office Use Only		
	A. BUTLER DEC - 6 2022	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2022

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STEPHANIE I. CORDERO 15725 SW 48 DRIVE MIRAMAR, FL 33027

SUBJECT: P.S.M. AVIATION SERVICES, L.L.C. Ref. Number: L22000228927

We have received your document for P.S.M. AVIATION SERVICES, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00023877

DEC - 1 2022 . . .

www.sunbiz.org

Division of Corporations P.O. BOX 6227 Tollahasson Florida 32214

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

The Bryant Royalty Group, LLC

P.O. Box 6327

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Tallahassee, FL 32314

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	Alphonso Bryant		
		Name of Person	
	Bryant Royalty Group, LI	.C.	
	·····	Firm/Company	
	1430 S Dixie Hwy Suite 1	05	
		Address	
	Coral Gables, FL 33146		
	- <u></u> .	City/State and Zip Code	
	alphonsob305@bryantrgro	up.com	
	E-mail address:	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Alphonso Bryant		800 484-4592 at ()	
Name	of Person		Telephone Number
Enclosed 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURIE Registration Sectior	
	on of Corporations	Division of Corpora	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A T	
ARTICLES OF O	
The Bryant Royalty Group, LLC	2022 DEC -5 AM 8: 30
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	lity company here:
Bryant Royalty Group, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1430 S Dixie Hwy Suite 105
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146
	1430 S Dixie Hwy Suite 105
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33146

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:	Alphonso Bryant	
New Registered Office Address:	1430 S Dixie Hwy Suite 105	
Hew Rogistered Chief Later 1.	Enter	Florida street address
	Coral Gables	, Florida ³³¹⁴⁶
	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.

illing Registered Agent, Signature of New Registered Agent

Page 1 of 3

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

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AGR = Manager **MBR** = Authorized Member

itle	Name	Address	Type of Action
anager	Alphonso Bryant	1430 S Dixie Hwy Suite 105	Add
		Coral Gables, FL 33146	Remove
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Alphonso Bryant	Alphonso Bryant	August 19,	2022	
			11.1.12 12 Mathematical representative of a member	
		Alphonso Bryant		
•• •	· · · ·		Typed or printed name of signee	

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

Page 3 of 3

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 18, 2022

ALPHONSO BRYANT 1430 S DIXIE HWY **SUITE 105** CORAL GABLES, FL 33146

SUBJECT: ABRYANT LOGISTICS GROUP, LLC Ref. Number: L20000274713

We have received your document for ABRYANT LOGISTICS GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 622A00025705

DEC - 5 2022

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12-1-27

The clocuments Attached has been signed, thank you,

Alphonso Bryant

www.sunbiz.org