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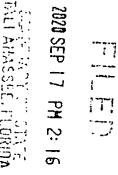
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COVER LETTER

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tin tea		Scrap Consulting and Staffing	g, LLC	•	
UBJEC"	ı:	Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub indence concerning this matter	·		
		Brett Panitz			
			Name of Person	_	
		Brown Dog Scrap Consult	ting and Staffing, LLC		1
			Firm/Company	- C	777
		4150 Belfort Rd. #551083			ò ====================================
			Address		p 171
		Jacksonville, Florida 3225	5	مين دره مين دره مين سار	2
		bhpanitz@gmail.com	City/State and Zip Code (to be used for future annual report notific	Elian)	5
For further	r information c	oncerning this matter, please c	·	ation)	
Brett Pani	tz		901 292-8114		
	Name o	f Person	at () Area Code Daytime *	Telephone Number	
Enclosed i	s a check for th	ne following amount:			
€ \$25.00	9 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
R D P	lailing Addres Registration S Division of C P.O. Box 632 Callahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporate Centre of Tailahassee, FL 3	orations llahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brown Dog Scrap Consulting and Staffing, LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 9/8/2020	and assigned
lorida document number L20000278697		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
Brown Dog Scrap Consulting, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 12 Bar - 17
Principal office address MUST BE A STREET ADDRESS)		平平二
		第二十二
		PH 1
Inter new mailing address, if applicable:		70 2
Mailing address MAY BE A POST OFFICE BOX)		である
		77
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		_, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

4GR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			SE Change
			PAdd 7
			☐ Change
			□Add
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ctive date, if other than the date of fi effective date is listed, the date must be specific	and cannot be prior to			iling.) Pu		
:: If the date inserted in this block does nument's effective date on the Department		ble statutory filing	requirements, this	date will	not be	listed
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ic John day after the record is nit	.u.					
September 15	2020	_ •				
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Page 3 of 3

Filing Fee: \$25.00