

L20000322611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

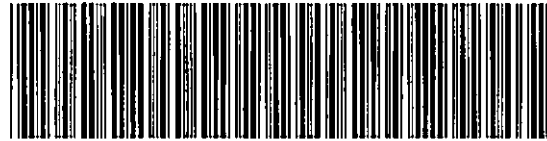
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/20--01025--003 **25.00

FILED
2020 DEC 21 PM 12:46
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

O SIMMONS

DEC 22 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 12 07 12:00

December 7, 2020

MARK LABATE, ESQ
2744 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

SUBJECT: BRINY APT LLC
Ref. Number: L20000322611

We have received your document for BRINY APT LLC and your check(s) totaling \$25.00. 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.

ACCORDING TO OUR RECORDS ENCLOSED THE NAME OF REGISTERED AGENT IS DIFFERENT.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 720A00024441

Please find attached

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRINY APT LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARK J LABATE, ESQ.

Name of Person

MARK J LABATE PA

Firm/Company

2744 E COMMERCIAL BLVD

Address

FT LAUDERDALE, FL 33308

City/State and Zip Code

markjlabate@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK J LABATE

954 545-3605
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020 DEC 21 PM 12:46

BRINY APT LLC

(Name of the Limited Liability Company as it now appears on our records) STATE
(A Florida Limited Liability Company) FLORIDA SE 7, FL

The Articles of Organization for this Limited Liability Company were filed on 10/12/2020 and assigned
Florida document number L20000322611.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: KATHI H. DILL, Trustee (same person as previous, change of name only)


New Registered Office Address: 2525 SE 7 STREET

Enter Florida street address

POMPANO BEACH, Florida 33062
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.

x 

(same person as previous, change of name only)

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
AMBR	Kathi S. Dill-Tabares, Trustee	2525 SE 7 Street Pompano Beach, FL 33062	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathi H. Dill, Trustee	2525 SE 7 Street Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 DEC 21 PM 12:46

STATE OF FLORIDA
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 10/21/2020 (optional)

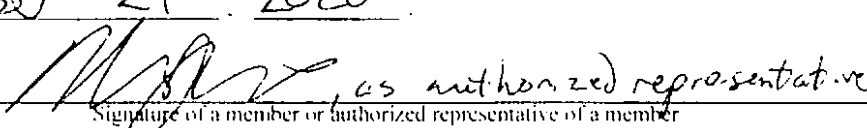
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

October 21, 2020


Signature of a member or authorized representative of a member

MARK J LABATE, ESQ

Typed or printed name of signer

Filing Fee: \$25.00