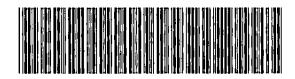
120000355496

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
_	_	_
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
(333	,	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		1





100355690771

12/04/20-+01011--003 **25.00



1/5/21

COVER LETTER

TO: Registration S Division of Co			
Brian J H	arris, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Name (A 1) III	ned mainly company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Brian Harris		
		Name of Person	·
	Brian J Harris, LLC		
		Firm/Company	
	1004 Hickory Fork Drive		
		Address	
	Seffner, FL 33584		
		City/State and Zip Code	
	brian.harris.realtor@gmail.	com	
	E-mail address: (to be used for future annual report no	utication)
For further information	concerning this matter, please c	all:	
Brian Harris		813 753-9424	
Name	of Person	at () Area Code Dayti	me 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)
<u>Mailing Addr</u>	ess:	Street Address:	

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

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

Brian J Harris, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.20000355496	mpany were filed on November 9, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 BE(
Principal office address MUST BE A STREET ADDRE	<u></u>	FILE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		12
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	
	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

MGR Brian J Harris 1004 Hickory Fork Drive	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Seffner, FF. 33584 Clange Clange Cl	MGR	Brian J Harris	1004 Hickory Fork Drive	
□Remove □Clange □Add □Remove □Clange				∃ Add
□Clange □Remove □Change			Setfner, FL 33584	
□ Change				□ Remove
□ Change				
□ Change				□Change
□ Change 20				
□ Change Change Change				
□ Change Change				
□ Change Change				□ Remove
Companies Com				 -
Companies Com				□Change
Remove P Change Remove Remove Add Remove Change				
Remove P Change Remove Remove Add Remove Change				26 Nadd
Remove P Change Remove Remove Add Remove Change				——————————————————————————————————————
Change				Remove
Remove ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove				∵ ⊐t ∪ valChange
☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove				
☐ Remove ☐ Change ☐ Add ☐ Remove				
				□ Remove
				T]Change
□Remove				
□Remove				□Add
				□Remove
□Change				
Scrange				Change
				Betange
				. □ A.d.d
				□ Damaua
				70h

						
						
	_	<u> </u>				
		. <u> </u>				
						
				<u>.</u> .		
					707 0 DFC	<u> </u>
		<u> </u>				T
					1	
					- P	
					<u> </u>	
	<u></u> .		<u></u>			
			<u> </u>			
ective date, if other t	han the date of fil	ing:		(op	tional)	
ective date, if other to reflective date is listed, the te: If the date inserted	e date must be soccific a	and cannot be prior t	to date of filing or i	nore than (X) days at	ter filing.) Pursua	nt to 605.020 I be listed a
cument's effective date	on the Department o	f State's records.	iore summory in			
cord specifies a delayed s filed.	d effective date, but t	not an effective tii	me, at 12:01 a.m	on the earlier of:	(b) The 90th o	lay after th
November 30	/	2020				
ted	1hl	_ •	·			

Typed or printed name of signee