

121000075207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

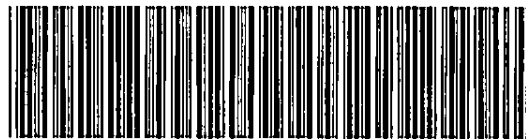
(Document Number)

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MAR 28 2022

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2022 MAR 28 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BNR ASSOCIATES 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:

Brianna Riley

\_\_\_\_\_  
Name of Person

BNR ASSOCIATES LLC

\_\_\_\_\_  
Firm/Company

1560 Sawgrass Corporate Parkway, 4th Floor

\_\_\_\_\_  
Address

Sunrise, FL 33323

\_\_\_\_\_  
City/State and Zip Code

Bnrassociatesclaims@gmail.com

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

For further information concerning this matter, please call:

Brianna Riley

754 581-7707  
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**

**FILED**

BNR ASSOCIATES LLC

2022 MAR 28 PM 3:02

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/12/2021 and assigned Florida document number L21000075207.

This amendment is submitted to amend the following:

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

BND ASSOCIATES LLC

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)**

1560 Sawgrass Corporate Parkway,

4th Floor

Sunrise, FL. 33323

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1560 Sawgrass Corporate Parkway,

4th Floor

Sunrise, FL. 33323

**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:

Brianna Riley

New Registered Office Address:

1560 Sawgrass Corporate Parkway, 4th Floor

*Enter Florida street address*

Sunrise

*City*

Florida 33323

*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.*

*Brianna Riley*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIANNA RILEY	1001 N. FEDERAL HWY	<input type="checkbox"/> Add
		#246	<input checked="" type="checkbox"/> Remove
		HALLANDALE BCH, FL 33009	<input type="checkbox"/> Change
MGR	BRIANNA RILEY	1560 Sawgrass Corporate Parkway.	<input checked="" type="checkbox"/> Add
		4th Floor	<input type="checkbox"/> Remove
		Sunrise, FL. 33323	<input type="checkbox"/> Change
MGR	Brianna Riley	1650 Margaret Street.	<input type="checkbox"/> Add
		Suite 302 #309	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32204	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The previous address change was sent incorrectly. This is the most current address change                      The

Principal, Mailing, and Registered Agent address from henceforth is the address noted below:

1560 Sawgrass Corporate Parkway, 4th Floor Sunrise, FL 33323

**E. Effective date, if other than the date of filing: 02/08/2021 (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 March 03, 2022

*Brianna Riley*

Signature of a member or authorized representative of a member

Brianna N. Riley

Typed or printed name of signer