Leicure 25H

(Requestor's Name)
(Address)
(Address)
(Hadress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special instructions to Filing Officer.

Office Use Only



100435222251

05/22/24--01026--001 **25.00

13/2017 08/22/24

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: LATONA Denise Brudley 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:
LOTOYA Bradley Name of Person
Home of Screnity Firm/Company
14318 SW 274th Street
Homestead, FL, 33032 City/State and Zip Code
home of screnity earl com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 7990803 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Latoya Deni	se Bradley LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		_
The Articles of Organization for this Limited Liab Florida document number \(\frac{\bigs_210002028}{} \)	fility Company were filed on $\frac{5 3 202}{11}$.	and	assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the home of Seventy 1. The new name must be distinguishable and contain the word	LLC.	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	ADDRESS)		;
			
Enter new mailing address, if applicable:		<u> </u>	กล่า กลู
(Mailing address MAY BE A POST OFFICE BO	<u></u>		TP (F-1-7)
		-127) -127)) -: 82
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the</u> <u>iere</u> :	name of the r	<u>1ew registered</u>
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street address		
-	, Florid	Zip Coa	

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 Changing Registered Agent, Signature of New Registered Agent

2.2 PH
<u> </u>
· · · · · · · · · · · · · · · · · · ·
——————————————————————————————————————

Filing Fee: \$25.00