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COVER LETTER

TO:

Registration Section
Division of Corporations

BRYSON SUBJECT:	GARRETT LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BRYSON BAINE		MEET BAINE)
		Name of Person	20
	BRYSON	GARRETT UC	2021 JUN 16
		Firm/Company	= 3
	2363 HORSESHOE LOO	P	, m
		Address	
	BONIFAY, FL 32425		PH 4: 04
		City/State and Zip Code	
	TRUSS@BACKWOODSB	BUILDINGS.NET	
	E-mail address: (to be used for future annual report noti	fication)
For further information (concerning this matter, please c	all:	
BRYSON BAINE		850 630-5239	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRYSON GARRETT LLC		
(Name of the Lim	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company were filed on 06/02/2021	and assigne
Florida document number		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
BRYSON BAINE LLC		·· 2
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 appli	cable:	- <u> </u>
(Principal office address MUST BE A STRE.	ET ADDRESS)	<u> </u>
		<u> </u>
		The state of the s
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and/or agent and/or the new registered office addre		enter the name of the new reg
Name of New Registered Agent:	BRYSON BAINE	
New Registered Office Address:	SAME / NO CHA	M/GE address
		_, Florida
	City	Zin 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 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>	Address	Type of Action
MGR	BRYSON GARRETT	2363 Horsestuc 1000	□Add
		2363 Horsestuc 1000 Bonifay, FL 32425	Remove
			□Change
MGR	BRYSON BAINE	2363 Horsestore loup	□Add
		3363 Horsestove loop Bonifay, FL 32425	Remove
		<u>ं</u> 	D Add
			Remove
			□Change
			🗆 Add
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AGENT & AP DETAIL NA	ME TO "BRYSON BAINE"	
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ive date, if other than the	date of filing:	(optional)
If the date inserted in this blo	ock does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605. Tiling requirements, this date will not be listed
nent's effective date on the De	partment of State's records.	
nd anaciGae a dalawad afficiativ	. data hara at an afficialian since at 12-01 a	Alexandra - G (IV) The Oost day of
iled.	; coate, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after
JUNE 14TH	, 2021	
	7 -7	
	Signature of a member or authorized representation	

Filing Fee: \$25.00