

h21 000 257 433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

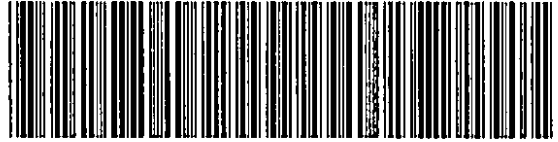
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/21--01009--013 **25.00

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CLERK OF COURT

CS
7/14/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRYSON GARRETT 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:

BRYSON BAINE

Name of Person

(BRYSON GARRETT BAINE)

BRYSON GARRETT LLC

Firm/Company

2363 HORSESHOE LOOP

Address

BONIFAY, FL 32425

City/State and Zip Code

TRUSS@BACKWOODSBUILDINGS.NET

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

For further information concerning this matter, please call:

BRYSON BAINE

Name of Person

850

at ()

Area Code

630-5239

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

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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	BRYSON GARRETT	2363 Horseshoe loop	<input type="checkbox"/> Add
		Bonifay, FL 32425	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRYSON BAINE	2363 Horseshoe loop	<input type="checkbox"/> Add
		Bonifay, FL 32425	<input type="checkbox"/> Remove
			<input checked="" 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.)

PLEASE CHANGE NAME OF LLC TO "BRYSON BAINE LLC" AND CHANGE THE REGISTERED

AGENT & AP DETAIL NAME TO "BRYSON BAINE"

FILED
2021 JUN 16 PM 11:01
CLERK

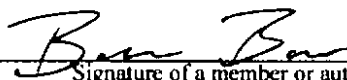
E. Effective date, if other than the date of filing: 06/02/2021 (optional)

(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 JUNE 14TH, 2021



Signature of a member or authorized representative of a member

BRYSON GARRETT BAINE

Typed or printed name of signee