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7/30/21

COVER LETTER

	Registration Se Division of Cor			
CUB III	BRGO LL			
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		BRIAN GOBIN		
			Name of Person	
			Firm/Company	
		8401 WEST SAMPLE RC		
			Address	
		CORAL SPRINGS/FLOR	IDA 33065	<u></u>
			City/State and Zip Code	
		briangobin3@gmail.com	15.6	-ifi
For furth	ner information c	encerning this matter, please c	to be used for future annual report no all:	ouncation)
BRIAN	GOBIN		754 3177409 at ()	
	Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed	l 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 Addres		Street Address: Registration S	lection
	Registration Division of C		Division of C	
	P.O. Box 632	•	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRGO LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Clorida document number L21000298683	Company were filed on 06/29/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
ne new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registere
em and of the new registered white usual ess here.		
Name of New Registered Agent:		د ،
New Registered Office Address:	Enter Florida street address	- · · · · · · · · · · · · · · · · · · ·
	, Florida _	Zip Codé-
	·y	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRIAN GOBIN	8401 WEST SAMPLE ROAD	
		APT 25	□Remove
		CORAL SPRINGS FLORIDA 33065	
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			□Change
			i⊡Add
			□Remove
			Change
			□Ādd
			□Remove
			Change

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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records. cord 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 stilled.			
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