

121 000 356 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

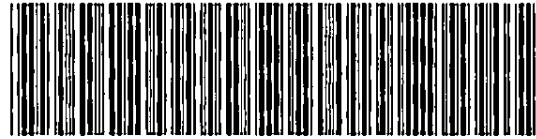
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800381071598

02/07/22--01035--018 **25.00

FILED

2022 FEB - 7 AM 8:05

CLERK OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
FEB 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bricking The Gap 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:

Tyrhonda Grant
Name of Person

Bricking The Gap LLC
Firm/Company

38531 Cummer Rd
Address

Dade City FL 33523
City/State and Zip Code

Brickingthegap@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrhonda Grant at (813) 507-6374
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**

Bricking The Gap LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/09/2021 and assigned
Florida document number L21000356969

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Tyrhonda Grant

New Registered Office Address:

38531 Cummer Rd

Enter Florida street address

Dade city

City

Florida

33523

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.

Tyrhonda Grant

If Changing Registered Agent, Signature of New Registered Agent

FILED
2022 FEB 7 AM 8:05
TALLAHASSEE, FL
STATE

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	Tyrhonda Grant	38531 Cummer Rd Dade City FL 33523	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tray Germaine Grant		<input type="checkbox"/> Add
		38531 Cummer Rd Dade city, fl 33523	<input checked="" 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
			<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.)

I Troy Germaine Grant am turning over ownership of my LLC to my wife Tyrhonda Grant. If any questions, comments, or concerns please feel free to reach out to us on the phone number provided below.

Troy G. Grant Cell # (214) 646-5377

Tyrhonda Grant Cell # (813) 507-6374

Troy G. Grant
Tyrhonda Grant



Tanisha Grant
Notary Public, State of Florida
My Comm. Expires 12/18/2022
Commission No. GG 285381

Tanisha Grant

(352) 766-3707

E. Effective date, if other than the date of filing: _____ (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

February 2nd, 2022

Troy G. Grant

Signature of a member or authorized representative of a member

Troy G. Grant

Typed or printed name of signee