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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRETT SANDERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **BRETT SANDERS LLC**

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

(A Florida Limited	Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company Florida document number L22000026767	were filed on 01/12/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		****
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
		. 52
New Registered Office Address:	Enter Florida street addres	s = ()
	Flo	orida
		Zip Cöde
New Registered Agent's Signature, if changing Registered Agent	1	. ~
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
AMBR	DONOVAN, BRETT S	5064 OAK ST PO BOX 62	27 <sub>□Add</sub>
		BEWDLEY, ON KOL1E-0 CA	⊠Remove
			□Change
AMBR	BRETT DONOVAN SANDERS	5064 OAK ST PO BOX 62	27 XiAdd
		BEWDLEY, ON KOL1E-0 CA	□Remove
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