

22000036243

(Requestor's Name)

(Address)

(Address)

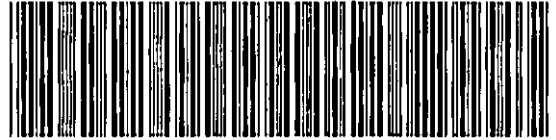
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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10/11/22--01019--005 **25.00

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J DENNIS

JAN - 4 2023

A.

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SECRETARY OF STATE
DEPT. OF CORPORATIONS
2022 OCT 11 PM 2:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRISK DEVELOPMENTS, 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:

SERGIO TORRES
Name of Person
PAYROLL & TAX SERVICES LLC
Firm/Company
7480 FAIRWAY DRIVE SUITE 207
Address
MIAMI LAKES, FL 33018
City/State and Zip Code
INFO@PAYROLLANDTAXFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO TORRES at (786) 401-7873
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**

BRISK DEVELOPMENTS, 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 01/19/2022 and assigned Florida document number L22000036243.

This amendment is submitted to amend the following:

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

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:

16420 S POST ROAD APT 104

(Principal office address MUST BE A STREET ADDRESS)

FT. LAUDERDALE, FL 33331

Enter new mailing address, if applicable:

16420 S POST ROAD APT 104

(Mailing address MAY BE A POST OFFICE BOX)

FT. LAUDERDALE, FL 33331

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:

MIGUELANGEL ANGARITA BENIGNI

New Registered Office Address:

16420 S POST ROAD APT 104

Enter Florida street address

FT. LAUDERDALE

City

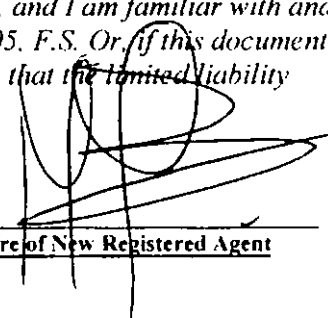
Florida 33331

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.

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	DANIELA A MAZA	15062 SW 36TH ST	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIGUELANGEL ANGARITA	16420 S POST ROAD APT 104	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARINA C. PERAZA YEPEZ	16420 S POST ROAD APT 104	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33331	<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.)*

Lined area for amending information.

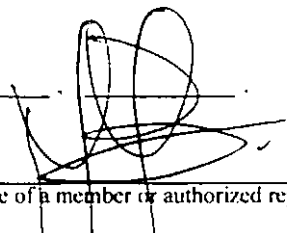
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/4/22

X 

Signature of a member or authorized representative of a member

MIGUEL ANGEL LANGARITA BENIGNI

Typed or printed name of signee

Filing Fee: \$25.00