## L22000119209

| (Re                     | questor's Name)   |  |
|-------------------------|-------------------|--|
| (Ad                     | dress)            |  |
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| (Cit                    | y/State/Zip/Phone | e #)   |
| PICK-UP                 | ☐ WAIT            | MAIL   |
| (Bu                     | siness Entity Nan | ne)  |
| (Do                     | cument Number)    | <u>.                                    </u> |
| Certified Copies        | _ Certificates    | s of Status                                  |
| Special Instructions to | Filing Officer:   |  |
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FILED

2022 APR -4 AM 6: 49

SECRETARY OF STATE
TALLAHASSEE, FL

O SU MACONS APR 1 8 2022

## **COVER LETTER**

| Division of Co              |   | · ·   |  |
|-----------------------------|---|---|--|
| *BRATTO                     | N ENTERPRISES, L.L.C.                           |   |  |
| SUBJECT:                    | Name of Lir                                     | nited Liability Company   |  |
| The enclosed Articles of    | f Amendment and fee(s) are sul                  | bmitted for filing.   |  |
|                             | ondence concerning this matter                  | _   |  |
|                             | Zachary Bratton                                 |   |  |
|                             |   | Name of Person  | <del></del>  |
|                             | BRATTON ENTERPRIS                               | ES, L.L.C.  |  |
|                             |   | Firm/Company  | <del></del>  |
|                             | 462 Harvey ave. NE.                             |   |  |
|                             | ·   | Address   |  |
|                             | Palmbay, FL 32907                               |   |  |
|                             |   | City/State and Zip Code   |  |
|                             | zachbrat332@gmail.com E-mail address: (         | to be used for future annual report notifi                          | cation)  |
| For further information c   | concerning this matter, please c                | alt;  |  |
| Zachary Bratton             |   | 970 986-9689  |  |
| Name o                      | of Person                                       | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed is a check for the | ne following amount:                            |   |  |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2022 APR -4 AM 6: 49 **OF**

BRATTON ENTERPRISES, L.L.C.

company has been notified in writing of this change.

SECRETARY OF STATE

(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 w Florida document number L22000119209  | ere filed on 03/08/2022            | and assigned               |
|---|------------------------------------|----------------------------|
| This amendment is submitted to amend the following:   |                                    |                            |
| A. If amending name, enter the new name of the limited liabilit   | y 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:   |                                    |                            |
| (Principal office address MUST BE A STREET ADDRESS)   |                                    |                            |
| -   | <del></del>                        |                            |
| Enter now mailing address if and inchin   |                                    |                            |
| Enter new mailing address, if applicable:   |                                    |                            |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                    |                            |
| B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:  | - "                                | name of the new registered |
| Name of New Registered Agent:   |                                    |                            |
| New Registered Office Address:  |                                    |                            |
|   | Enter Florida street address       |                            |
|   | City , Florid                      | a                          |
|   | City                               | Zip Code                   |
| New Registered Agent's Signature, if changing Registered Agent:   |                                    |                            |
| I hereby accept the appointment as registered agent and agree a<br>provisions of all statutes relative to the proper and complete per<br>accept the obligations of my position as registered agent as pro | rformance of my duties, and I      | am familiar with and       |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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     |
|---------------|-----------------|---------------------------------------|--------------------|
| MGR           | Zachary Bratton | 462 Harvey Ave. NE. Palmbay, FL 32907 | <b>\exists</b> Add |
|               |                 |                                       | □Remove            |
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| ote:               | ve date, if other than the date of filing:   |
| ocum               | ent's effective date on the Department of State's records.   |
| record<br>Lis file | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.  |
| ated _             | 03/31/2022   |
|                    | Zuchery Brighture of a member or authorized representative of a member   |
|                    | Signature of a member or authorized representative of a member   |
|                    |  |

Filing Fee: \$25.00