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01/23/23--01013--006 \*\*25.00

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Jean Bruno			
		Name of Person		
		Firm/Company		
	11602 Oleander Dr			
		Address		
	Royal Palm Beach, FL 334	411		
		City/State and Zip Code		
	brunojcan700@gmail.com			(3)
	E-mail address: (	to be used for future annual re	port notification)	٠.
For further information cor	ncerning this matter, please c	all:		
Jean Bruno		215 9607 at ( )	715	
Name of I	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	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified (	e of Status &
Mailing Address:		Street Add	iress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

**Division of Corporations** 

TO:

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000344670</u> .	were filed on 01/12/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Brunelcie Pro Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" 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:	11150 Okeechobee Blvd,	
Mailing address MAY BE A POST OFFICE BOX)	Suite P, PMB 676	
	Royal Palm Beach, FL 33411	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	r the name of the new regis
New Registered Office Address:	Enter Florida street addre.	7.72
		lorida
	City	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 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>	Type of Action
MGR	Jean Bruno	11602 Oleander Dr. Royal Palm Beach, FL 33411	<b>=</b> Add
		***	Remove
			[] Change
MGR	Elcie Marcellus	11602 Oleander Dr, Royal Palm Beach, FL 33411	■Add
			Remove
			Change
			[] Add
			ÜRemove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

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effectiv e: If th	ve date is list he date insc	ed, the date mu erted in this b		nd cannot be promeet the app	olicable statute	ing or more than ory filing requir		iling.) Pursuant	
ord sp filed.	occifies a de	clayed effection	ve date, but no	ot an effectiv	e time, at 12:6	) I a.m. on the e	arlier of: (b)	The 90th da	y after th
ed	<u>01/</u>	12/20	23 1810	. 1	·				
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Typed or printed name of signce