

L22000398204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

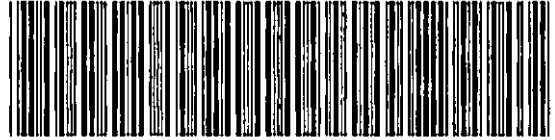
(Business Entity Name)

(Document Number)

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2022 NOV 16 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BRRT GROUP, 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:

ROBYN HATTAWAY

Name of Person

LACEY LYONS REZANKA, Attorneys at Law

Firm/Company

1290 US HWY 1, Suite 201

Address

Rockledge, FL 32955

City/State and Zip Code

timomacy@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL
2022 NOV 16 AM 9:27

For further information concerning this matter, please call:

Robyn Hattaway, Esq

321

608-0892

at ()

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**

THE BRRT GROUP, 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 SEPT 12, 2022 and assigned Florida document number L22000398204.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ROBYN HATTAWAY, ESQ

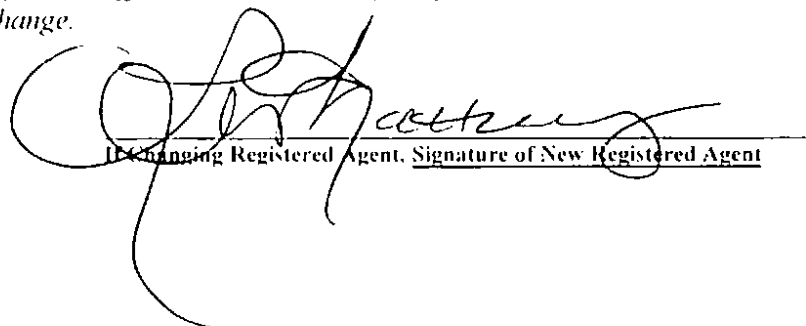
New Registered Office Address: LACEY LYONS REZANKA Attorneys at Law; 1290 US HWY 1, SUITE 201

Enter Florida street address

ROCKLEDGE, Florida 32955
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.



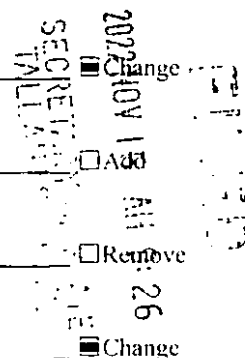
If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	TIMOTHY O MACY	1650 LARCHMONT COURT	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RICHARD P. HENSEL	1747 WAVECREST STREET	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RANDALL L MAY	1700 SANDPIPER STREET	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BRANDON SALAZAR	834 HUNTERS CREEK DRIVE	<input checked="" type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<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



2022 NOV 16 AM 9:26
SECRET//NOFORN
FALL 2022

2012 NOV 16 AM 9:26
SECRETARY OF DEFENSE
FALL 2012

1. *Phragmites australis* (Cav.) Trin. ex Steud.

(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)

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.

2022

TIMOTHY O MACY

Typed or printed name of signee

Filing Fee: \$25.00