L23000066822

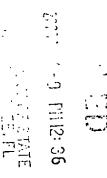
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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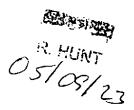
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BRISKE CONSTR	EUCTON LLC ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DONALD	BRISKE	
		Name of Person	
	BRISKE	CONSTRUCTION LL Firm/Company	<u>C.</u> ,,, (3)
	2230 5 RDE	K CRUSHER RD. Address	
	Homosassa, F	City/State and Zip Code Ske a Yahoo Con to be used for Gure annual report noti	PHI2: 36
For further information	e-man address: (incation)
DONALD	BRISKE	at (<u>8/8</u>) <u>3/0 -/0</u> Area Code Daytin	/5
Name	of Person	Area Code Daytim	ne 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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRISKE CONSTRUCT (Name of the Limited Liability Compa (A Florida Limited)	TON LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Ciability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L23000066822}$.	were filed on 12/66/2023	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
BRISK PAINTING LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L	"L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2230 S. ROCK CRU HOMOSASSA, FL, SAME AS OCD	34448	>,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2230 S. ROCK CRI HOMOSASSA, FL. 39 SAME AS OU	USHER R 1448 S	<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 the</u>	name of the ne	w registered
		17. G	
Name of New Registered Agent:			*; 7
New Registered Office Address:		1000 12	
	Enter Florida street address	36 36	
	, Florid	a 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>	Address	Type of Action
			□Add
			□ Remove
			□ Change
	<u>.</u>		
			□Remove
			□Change
			Remove
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ote: If the date ins	ther than the date of ted, the date must be speci- erted in this block does thate on the Departmen	not meet the appl	icable statutory fili		r filing.) Purs	
	elayed effective date, bu			, on the earlier of: (t) The 90t	h day after the
/ سوار	MAY 2nd, 2/2023	2023	•			
ned <u>05/07</u>	2/2023	····	·			
	D. Henry Signature	Bil	,			
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