

L23000105234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

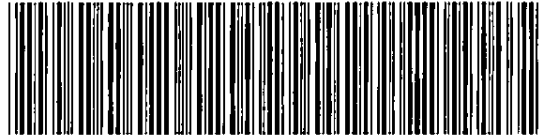
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brothers in ARMS Multi-Services 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:

Candida D Colson
Name of Person
Brothers in Arms Multi-Services Group, LLC
Firm/Company
211 E Main St
Address
Lakeland, FL 33801
City/State and Zip Code
Cbutlerbiamsg@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Candida D. Colson at (863) 388-3543
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)

Check of 750
Balance enclosed
Already Paid
this is a correct
\$52.50

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

Brothers in Arms Multi-Services 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 February, 2023
Florida document number L23000105234

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)

211 E Main St #325
Lakeland FL
33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

211 E Main St #325
Lakeland FL
33801

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:

New Registered Office Address:

Candida D Colson
211 E Main St #325
Lakeland, Florida 33801
Enter Florida street address
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.

Candida D Colson
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

AM3R = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>M</u>	<u>William R. Butler</u>	<u>211 E Main St</u>	<input type="checkbox"/> Add
		<u># 325</u>	<input type="checkbox"/> Remove
		<u>Lakeland FL 33801</u>	<input checked="" type="checkbox"/> Change

<u>AM</u>	<u>Candida Colson</u>	<u>211 E Main St #325</u>	<input checked="" type="checkbox"/> Add
		<u>Lakeland, FL</u>	<input type="checkbox"/> Remove
		<u>33801</u>	<input type="checkbox"/> Change

<u>AM</u>	<u>Brandon P. Tasker</u>	<u>1439 BARTOW Rd</u>	<input type="checkbox"/> Add
		<u>Lakeland, FL 33801</u>	<input checked="" type="checkbox"/> Remove

☐ Change

☐ Add

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 23 PM 4:31

2021 SEP 23 PM 4: 31
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TALLAHASSEE, FL

2021 SEP 23 PM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated 9/12/24

William J. Butler
Signature of a member or authorized representative of a member

William B. Butler
Typed or printed name of signee

Filing Fee: \$25.00