L23 000 165 265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
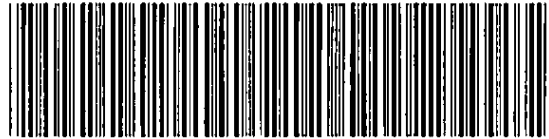
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10/05/23--01014--014   **25.00

COVER LETTER

SUBJECT: _Brisco Refinishing 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:

Jose DeJesus
Name of Person

Brisco Refinishing LLC.
Firm/Company

7149 Las Palmas Way
Address

Jacksonville Fl 32210
City/State and Zip Code

Brisco32277@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose DeJesus at (_904_) _238-5877_
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   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

Brisco Refinishing 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 4/03/2023 and assigned

Florida document number L23000145265

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: 7769 Las Palmas Way

(Principal office address MUST BE A STREET ADDRESS) Jacksonville Fl 32256

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: _____

New Registered Office Address: _____
                                        Enter Florida street address

_____, **Florida** _____
              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

amending·Authorized Person(s) authorized to manage, <u>enter the title, name, and address or each person</u>

· <u>removed from our records</u>:

IGR = **Manager**
.MBR = **Authorized Member**

<u>Title</u>   <u>Name</u>   <u>Address</u>   <u>Type of Action</u>

NGR Jose DeJesus   7769 Las Palmas Way ☒Add

Jacksonville Fl 32256   ☐Remove

☐Change

MBR Peggy Mojica Ayala 7769 Las Palmas Way ☒Add

Jacksonville Fl 32256   ☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

·☐Remove

☐Change

☐Add

☐Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

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_____

E. 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.

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.

Dated _/0/02/2023_____ , _____ .

_____
Signature of a member or authorized representative of a member

_Jose DeJesus_____
Typed or printed name of signee