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COVER LETTER

Tallahassee, FL 32314

FO: Registration Se Division of Con			· · · · · · · · · · · · · · · · · · ·
	R DEVELOPMENT GROUP, I	J.C	
;UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michael Brenner		
		Name of Person	
	Brenner Development Gro	up, LLC	
	····	Firm/Company	
	102 Ne 2nd St, PMB 288		
		Address	
	Boca Raton FL 33432		
		City/State and Zip Code	
	mike@brennerdevelopment	group.com	
	E-mail address: (to be used for future annual report not	dification)
For further information of	concerning this matter, please ca	all:	
Michael Brenner		561 759-8421	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brenner Development Group, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000226186	were filed on $\frac{05'08/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	ubbreviation "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 agent and/or the new registered office address here:	address on our records, enter the na	ne of the new registered
		2233
Name of New Registered Agent:		<u>:</u>
New Registered Office Address:		12
New Registered Office Address:	2	
	, Florida _	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	Cîn:	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ee to act in this capacity. I further a performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r. if this document is

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>	Address	Type of Action
MGR	Andrea Brenner	102 NE 2nd St, PMB 288	□Add
		Boca Raton FL 33432	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change

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				<u>.</u>

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Effective date, if other than the fan effective date is listed, the date in	e date of filing:	er to dute of filing or more th	(optional)	unnt to 605 0207 (
Note: If the date inserted in this b	lock does not meet the appli	cable statutory filing req	uirements, this date will r	not be listed as t
document's effective date on the I	Department of State's record	S.		
e record specifies a delayed effecti rd is filed.	ve date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	h day after the
October 22	2023			
Dated	·			

Typed or printed name of signee