# L23000291357

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to F	Filing Officer:	
	J. HORNE	
	FEB 2 2 2024	,
l- <del></del>		

Office Use Only



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#### **COVER LETTER**

FO: Registration Se Division of Cor			
SUBJECT: BRENT	MARY ENTERPE	21SES, LLC ited Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRE	NT ELKINS Name of Person	
	BRENTMAR	1 ENTERPRISES Firm/Company	s, LLC
	4942 FRANC	CIS BACON LN Address	
	SARASC	City/State and Zip Code	
	belkins 08 E-mail address:	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Brent F	Terson S	at ( <u>239</u> ) <u>233-5</u> Area Code Daytime	70 O e Telephone Number
Enclosed is a check for th	e 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)

TO:

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 Tailahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. Florida \_\_\_

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>	Name	Address	Type of Action
		□Add	
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Add
			□Remove
		□Change	
<del></del>		<del>.</del>	□Add
		□Remove	
			□Change
			□Remove

## Page 2 of 3

(If an effective Note: If the	date, if other than the date of filing:	.0207 ( edias t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er of:
Dated	··	
	Signature of a member or authorized representative of a member	
	g trouble to the contract of t	

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Filing Fee: \$25.00