## L23000377533

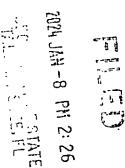
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## COVER LETTER

			ς,	
		ON 538, LLC.		
SUBJEC	CT:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		BRANDON LUGO		
			Name of Person	
100 LINCON 538, LLC				
			Firm/Company	
		5688 FLINT RD.	ations  538, LLC.  Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  BRANDON LUGO  Name of Person  100 LINCON 538, LLC  Firm/Company  5688 FLINT RD.  Address  COCOA, FL 32927  City/State and Zip Code  nfo@brnbuildings.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  2754 267-1402  son Area Code Daytime Telephone Number  Area Code Daytime Telephone Number  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Registration Section	
		•	Address	
	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  setum all correspondence concerning this matter to the following:    BRANDON LUGO			
			City/State and Zip Code	
		<del>-</del>		-8 PH 2: 26 Status & 6 y
		E-mail address:	(to be used for future annual report notification)	
For further	er information o	oncerning this matter, please of	eall:	S 70
BRANDON LUGO			· · · · · · · · · · · · · · · · · · ·	E T
	Name o	f Person	Area Code Daytime Telephone Number	🗴
Enclosed	is a check for th	ne following amount:		PA II
त्री \$25.€	00 Filing Fee		Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Feel 5 Starus & 6
	Registration S Division of C	Section orporations	Registration Section Division of Corporations	
	P.O. Box 632	7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 LINCON 538, LLC		
( <u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L23000327533		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
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 address on our records, enter the name of the new records.	2024 JH	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>e</u> :	enter the name of the new registere
Name of New Registered Agent:		ZATE 26
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 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
AMBR	WILLIAM MCCLEAN	5688 FLINT RD. COCOA, FL 32927	🗀 Add
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. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory file	(optional) r more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as	(3)(b the
the record specifies a delayed effective da	te, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after the	
DatedDECEMBER 15TH	, 2023		
	Drandon Lugo nature of a member or authorized representati		
Sign	nature of a member or authorized representat	ive of a member	
BRANDON LUGO			
	Typed or printed name of signed	•	

Filing Fee: \$25.00