## 123000456451

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•	•
Briar Home	es, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Priscilla Gerard		
		Name of Person	
	Gerard & Associates, CPA		
		Firm/Company	
	219 E. Center Avenue		
		Address	
	Sebring, FL 33870		
		City/State and Zip Code	
	christina@gerardcpas.net E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Priscilla Gerarđ		863 385-1441	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Briar Homes, LLC

company has been notified in writing of this change.

(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 October 03, 2023 and assigned Florida document number L23000456451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Briar Construction, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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
			□Add
			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	Remove
			☐ Change
	<del></del>		□Add
			Remove
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			□Remove
			☐ Change
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			□Remove
			☐Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E ffor	October 03, 2023 tive date, if other than the date of filing: (optional)
(If an e Note:	frective 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 (generally the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	040ber 11 . 2023.
	Signature of a member or authorized representative of a member
	Brian Radonski
	Typed or printed name of signee

Filing Fee: \$25.00