L2400024872

(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



600434325946

08/12/24--01023--022 ++25.00

8 HUNT 08/12/24

COVER LETTER

the second of

	Registration Se Division of Cor			
ello ir.c	Briann LLC		•	
SUBJEC	1:	Name of Lin	nited Liability Company	
The encle	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Briann E. Moreira		
			Name of Person	
		Briann LLC		
			Firm/Company	
		3787 SW 133 Place		
			Address	
		Miami, FI 33175		ran, 8
			City/State and Zip Code	•
		Briann.23@yahoo.com		•
		E-mail address: (to be used for future annual report notification	on)
For furthe	r information e	oncerning this matter, please c	alt:	· .
Briann E. Moreira			786 566-3984	•
	Name o	f Person	at () Area Code Daytime Tele	ephone Number C.
Enclosed	is a check for th	ne following amount:		
₩\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Sectior Division of Corpora	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallal	
		PL 32314	2415 N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Briann LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	15.)
The Articles of Organization for this Limited Liability Corida document number L24000024872	Company were filed on 1/10/24	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lin	nited liability company here:	
K-9 Way, LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	nree	
Francipal office dauress MOST BE A STREET ADD.	<u></u>	
	-	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		•
 If amending the registered agent and/or registere gent and/or the new registered office address here: 	ed office address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street addres	55
	F1.	orida
	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:

or removed from our records.	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change Add
			: C:
			□ Change
			□ Add
			Remove
			Change
			□Adđ
			□Remove
			□Change

			<u>-</u>	-
				
		_		
-				
·	<u> </u>			
 	-			
		·		
			-	
		<u>_</u>	<u> </u>	<u> </u>
	-		· · · · · ·	•
				*?
		<u>_</u>		· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
			·	Ç,
n effective date is listed, the te : If the date inserted in	date must be specific and cannot be not meet the about the Department of State's re-	applicable statutory fill	(option more than 90 days after fi ing requirements, this c	ling) Pursuant to 605 03
cord specifies a delayed s filed.	effective date, but not an effec	tive time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
ed August 8				
	Signature of a member of	r authorized representation	c of a member	

Filing Fee: \$25.00