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(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Constitution of A	511 O#	
Special Instructions to	Filing Officer:	

Office Use Only



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05/28/24--01028--015 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bradell Exterprises L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chanse Brade 1
Bradell Entopisco L.L.C.
11542 Adm Lee Way
Onde City FL 33525 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chanse Bradell 11,813,808-55/6
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on 1/17/2024 and assigned	
pility company here:	
lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
15029 14th Street	
Dade City, FL 33525	
address on our records, enter the name of the new regist	
Enter Florida street address	
nner r toriaa street adaress	
, Florida	
,	

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
			□Add
			□Remove
			□Remove
			□Change
			🗆 Remove
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Tective date, if other than the	date of filing:	(option	al)
an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to date onek does not meet the applicable state	of filing or more than 90 days after fill tutory filing requirements, this d	ing.) Pursuant to 605.0 ate will not be fisted
ocument's effective date on the De		• •	
	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after t
is filed.			,
May 21st	2024		
May 21st	2024		
ated May 21st	2024		
ated May 21st	Signature of a member or authorized rep	presentative of a member	

Filing Fee: \$25.00