# 124000108499

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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Office Use Only



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2024 NOV 13 PM 7: 45 SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2024

SCHERON T. BRYANT 1612 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460

SUBJECT: BRYANT HERITAGE LLC

Ref. Number: L24000108499

We have received your document for BRYANT HERITAGE LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please catter (850) 245-6000.

Letter Number: 524A00021225

RUSSELL L HUNT Regulatory Specialist III

www.sunbiz.org

### **COVER LETTER**

TO: Registration Se Division of Con							
	ANT HERITAGE LLC						
SUBJECT:							
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.					
Please return all correspo	ondence concerning this matte	r to the following:					
	SCHERON BRYANT			•			
		Name of Person					
		Firm/Company					
	1612 S. DIXIE HWY						
		Address					
		2024 NOV 13 PH 7: 46 SECRETARY OF STAT TAILLAHASSEE, FL					
	<del></del>	City/State and Zip Code		RET			
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	E-mail address:	(to be used for future annual repo	ort notification)	PH PH			
For further information c	oncerning this matter, please of	rall:		NOV 13 PM 7: 46 CRETARY OF STATE TALLAHASSEE, FL			
SCHERON BRYANT							
Name o	f Person	at () Area Code = 1	Daytime Telephone Number	•			
Enclosed is a check for th	ne 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 Filir	ng Fee.			
		,	WE SEE R	EQUESTING			
Mailing Addres	<u>s:</u>	Street Add	A REFUN!	OOF			
Registration Section Division of Corporations		Registrati Division		REFUND OF E DIFFERENCE			
P.O. Box 632 Tallahassee, 1		The Cent 2415 N. I		LE TO WRONG			
		Tallahass	FORM FIL	ED. GRECK			
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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRYANT HERITAGE LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on MARCH 04,2024 and assigned
Florida document number <u>L24000108499</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETA NOV TO ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
b. It amending the registered agent and/or registered igent and/or the new registered office address here:	d office address on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, 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		
MGR	SCHERON BRYANT	1612 S DIXIE HWY LAKE WORTH FL 33460	<b>≅</b> Add		
			• Remove		
			□Change		
MGR	SONYA BRYANT	1612 S DIXIE HWY LAKE WORTH FL 33460	<b>=</b> Add		
			□ Remove		
			□Change		
MGR	MYRDA BRYANT	1612 S DIXIE HWY LAKE WORTH FL 33460	TALL		
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Note: If the	date is listed, the	date must b n this bloc	e specific and call to the specific and call to the specific and the speci	annot be prior t et the applica	o date of filing or ble statutory fil	more than 90 day	( <b>optional)</b> s after filing.) P s, this date w	ursuant to 6	05.0207 (3) sted as the
f the record spececord is filed.	cifies a delayed	effective (	late, but not a	n effective tin	ne, at 12:01 a.m	. on the earlier	of: (b) The S	90th day af	ter the
Dated	9/12	<u> </u>	4		_·				
_		Si	gnature of a me	ember or author	rized representativ	e of a member			
_			Scher	m '	Bryan I name di signee	+			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)