L24000252869

(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Division of C			
BRYAN SUBJECT:	TOOLS LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are st	ubinitted for filling.	
	oundence concerning this matte		
	BRYAN E PAREDES M	Л ЕЛА	
		Name of Person	
	BRYAN TOOLS LLC		
		Firm Company	
	1461 SW 30TH AVE BA	AY 6	
		Address	33
	POMPANO BEACH, FL	33069	2004 OCT 28
	Bryantoolslle@gmail.com	City State and Zip Code	28
	E-mail address:	(to be used for future annual report no	tification)
For further information of	concerning this matter, please of	call;	•
BRYAN E PAREDES M	MEJIA	954 857-9238	·
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for ti	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sc	
P.O. Box 632	7	Division of Cor The Centre of T	porations fallahassee
Tallahassee, F	FL 32314		e Street Suite 210

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

BRYAN TOOLS LLC

(Name of the Limited Liability Comp. (A Florida Lumted	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000252869	were filed on <u>96/03/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1461 SW 30TH AVE BAY 6	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33069	
Enter new mailing address, if applicable:	1461 SW 30TH AVE BAY 6	20% Of
(Mailing address MAY BE A POST OFFICE BON)	POMPANO BEACH, FL 33069	70. 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records. <u>enter the n</u>	ame of the new regist
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.

Bryon Poredes
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		⊐Add	
		□Remove	
		□Change	
			□Add
			□ Remove
			DChange
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			Remove OCT
			
	 		□Change
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Change

		
		
		
		
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		,
fective date, if other than the date of filing:	,	ڼې
an effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursua e statutory filing requirements, this date will no	nt to 605:02 t be listed
record specifies a delayed effective date, but not an effective time, is filed.		day after th
BRYAN E PAREDES AGEILA		
Gryon Poredes Signature of a member of authorize	ed representative of a member	
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Filing Fee: \$25.00