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LLC Amena



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COVER LETTER

Div	ision of Corp	porations				
CUDICT.	Braddock's	Outdoor Services LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Cody Braddock				
		-	Name of Person			
		Braddock's Outdoor Service	ces			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		15610 Croaker road				
		·	Address			
		Jacksonville, FL 32226				
			City/State and Zip Code			
		braddock.cody65@gmail.co	om to be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please ca				
Cody Bradd	ock		904 408-9025			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	e following amount:				
≡ \$25.00 F	Filing Fec	☐ \$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)		
	iling Address		Street Address:	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

FILED

2024 OCT 29 PM 12 45

Braddock's Outdoor Services LLC

(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	and assigned
Florida document number L24000344607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, <u>enter t</u>	ne name of the new registered
The state of the s	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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and .S. Or, if this document is

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
AMBR	Cody Braddock	15610 Croaker Road	≅ ∧dd
		Jacksonville, FL 32226	□Remove
			☐ Change
	 		□Add
			□Remove
			Change
			□Add
			Remove
			□Add
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			□Remove
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	date of filing:	/24/2024 		(optional)	
Effective date, if other than the o	be specific and canno	ot be prior to date o	f filing or more than 9 tutory filing require	00 days after filing.) P ements, this date wi	ursuant to 605,0207
f an effective date is listed, the date must	ck does not meet ti	ue applicable sta-			
f an effective date is listed, the date must Note: If the date inserted in this blo	ck does not meet the partment of State's	records.			
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If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Dede ercord specifies a delayed effective	partment of State's	s records.			90th day after the
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If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Determined in the De	partment of State's	s records. Tective time, at 1			90th day after the
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Determined in the De	partment of State's date, but not an ef	s records. Tective time, at 1			90th day after the
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Determined in the De	partment of State's date, but not an ef	s records. Tective time, at 1			90th day after the
Dated	date, but not an ef	Fective time, at 1		urlier of: (b) The 9	90th day after the

Filing Fee: \$25.00