

M220000007006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

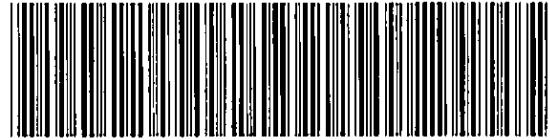
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900389041589

LLC  
N/C Amend

2022 JUN -8 AM 11:30

FILED

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN -8 PM 3:30

RECEIVED

A. RAMSEY  
JUN - 9 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 732107 8312826

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 8, 2022

ORDER TIME : 1:58 PM

ORDER NO. : 732107-005

CUSTOMER NO: 8312826

FOREIGN FILINGS

NAME: BRI 2288 NORTH LANE AVENUE,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BRI 2288 North Lane Avenue, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000007006

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 5, 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: BRI 2240 North Lane Avenue, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

2022 JUN -8 AM 11:30  
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

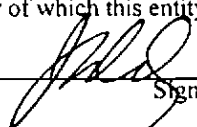
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Jordan Ruddy

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "BRI 2288 NORTH LANE  
AVENUE, LLC", CHANGING ITS NAME FROM "BRI 2288 NORTH LANE  
AVENUE, LLC" TO "BRI 2240 NORTH LANE AVENUE, LLC", FILED IN  
THIS OFFICE ON THE SEVENTH DAY OF JUNE, A.D. 2022, AT 5:58  
O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6778867 8100  
SR# 20222650640

Authentication: 203618716  
Date: 06-07-22


**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: BRI 2288 North Lane Avenue, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is changed to BRI 2240 North Lane Avenue, LLC.

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the 7th day of June, A.D. 2022.

By:   
Authorized Person(s)

Name: Jordan Ruddy  
Print or Type