L12000006448

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	,	
(Cit	ty/State/Zip/Phone	- #N
(Cit	y/State/Zip/Filone	= #
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nar	ne)
•	·	,
	cument Number)	
(DC	cament (value)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
·	J	





600377025806

12/08/21--01013--003 **25.00

21 DEC - 1 TH 3: 31

T. MATTHEWS DEC 20 2021

COVER LETTER

TO: Registration : Division of C			
SUBJECT: BROADI	LAND ENTERPRISES LLC		
	Name of Lin	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this mane	r to the following:	
	MICHAEL J HEATH		
		Name of Person	
	LAW OFFICES OF MIC	HAEL I HEATH, PA	
		Firm/Company	
	167 108TH AVE		
		Address	
	TREASURE ISLAND, FI		
	Loiesiolski@warsawexpo.e	City/State and Zip Code	
		(to be used for future annual report not	dication)
For further information	concerning this matter, please of	ali:	
BRITTANY ANDRIA	s	727 360-2771	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
8 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of the P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	porations Fallahassee Street, Suite 810

21 CEC -0 FH 3: 31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Drountand</u> Enterprise!	յ ևլը
(Name of the Limites Isbility Company is it now apprets and (A Florida Limited Dashiny Company)	ant tictater)
The Articles of Organization for this Limited Liability Company were filed on	-13-2012 and assigned
Florida document number L 12000000448	and a yagaca
This amendment is submitted to amend the following:	
A. If smeading same, enter the new pame of the fimiled limbility company here:	
The new name must be distinguishable and costale the words "Limited Liability Company," the deriga-	ntion TLC or the abbreviation TLLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Meilling oddress MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address bere:	is, <u>enfer the name of the pesy repistered</u>
Name of New Registered Accept:	
New Registered Office Address:	
Enter Florida str	ed stireu
	, Florida
Ob New Registered Agent's Signature, if changing Registered Agent:	Zip Cade

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 duttes, and I am faultiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent, Elgenberg 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
MGR Agnie	Agnieszka Ptak	333 Hamden Dr.	= Add
		Clearwater, Florida 33767	□Remove
			□Add
		□Remove	
		Change	
			□Add
			□Remove
			Change
		□Add	
			□Remove
		□Change	
	·	□Add	
			□Remove
			
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
_	
_	
-	
_	
-	
-	
_	
_	
-	
-	
-	
_	
-	
-	
_	
-	
Note:	ve date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	11/30/2021
	Signature of a member of authorized representative of a member
	TOMASZ CIESIELSKI
	Typed or printed name of signee

Filing Fee: \$25.00