## L15000001632

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEF, FI DAR

T. Burch JAN 30 200

## **COVER LETTER**

TO: Registration Division of	n Section Corporations						
SUBJECT: Brown	n Mechanical Service, LLC	}					
SUBJEC1:	Name of Lim	ited Liability Company					
	s of Amendment and fee(s) are sub	2					
	Tiffini P Brown	·					
		Name of Person	······································				
Brown Mechanical Service, LLC  Firm/Company  1012 Mohican Blvd							
						Address	
					Jupiter, FL 33458		
		City/State and Zip Code	·····				
	tiffinib@gmail.com	to be used for future annual report notifi					
For further informati	on concerning this matter, please c		cation				
Tiffini P Brown		561 906-5763					
Na	me of Person	Area Code Daytime	Telephone Number				
Enclosed is a check f	or the following amount:						
S25.00 Filing Fee	e \$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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Brown Mechanical Service, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records,)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 1/02/15	and assigned
Florida document number L15000001632	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Brown Mechanical Services, LLC		
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	15 ,
(Principal office address MUST BE A STREET ADDRE	<u>'SS)</u>	
		SS O poma
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		50
	***************************************	
B. If amending the registered agent and/or registe		ecords, enter the name of the ne
registered agent and/or the new registered office addre	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
		. Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			☐ Remove
			· 
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			□ Remove
			<del></del>
,			Remove
		<del> </del>	
			Add
		<del></del>	□ Remove
			<del></del>
			□ Remove

amending any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
***************************************	
•	
Effective date, if other than the date of filing The effective date must be specific, cannot be prior to da the date this document is filed by the Florida Departmen	nte of receipt or filed date and cannot be more than 90 days after
Dated January 14	2015
Diffini & Crown	$\boldsymbol{\omega}$
Signature of a s	member or authorized representative of a member
	Typed or printed name of signee

15 JAN 20 PM 4: 50
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TALLAHASSEE, ELOBIS

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Filing Fee: \$25.00