

L20000060800

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000180755 3)))



H240001807553ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : E ALEX ORTIZ, CPA, PA  
Account Number : I20180000017  
Phone : (305)340-2000  
Fax Number : (786)953-6246

2024 MAY 20 PM 2:50  
RECEIVED  
TALLAHASSEE, FLORIDA  
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BROOK CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

MAY 21 2024

RECEIVED  
2024 MAY 20 PM 4:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BROOK CAPITAL LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX ORTIZ, CPA  
Name of Person

E ALEX ORTIZ, CPA, PA  
Firm/Company

2727 PONCE DE LEON BLVD  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

ALEX@ALEXORTIZCPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA at (305) 340-2000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

DocuSign Envelope ID: 3996F107-7DFE-4F5C-A42B-4E8D570DD8C2

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

**FILED**  
2024 MAY 20 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BROOK CAPITAL 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 02/24/2020 and assigned Florida document number L20000060800.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

20801 BISCAYNE BLVD  
STE 101  
AVENTURA, FL 33180

**B. If amending the registered agent and/or registered office 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: KRINSKY, TZIVYA

New Registered Office Address: 20801 BISCAYNE BLVD STE 101

*Enter Florida street address*

AVENTURA, Florida 33180  
*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.*

DocuSigned by:  
**X** Tzivya Krinsky  
12270044204889...  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	BROOK, TZIVYA	20801 BISCAYNE BLVD	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KRINSKY, TZIVYA	20801 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		STE 101	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

024 MAY 20 PM 2:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

