

L22000503996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

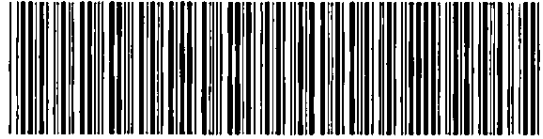
(Business Entity Name)

(Document Number)

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FILED

Department of State  
Division of Corporations,  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I enclose Duplicates of the Articles of Amendment for **Brack Real Estate LLC** , a domestic LLC.

Please file the attached Articles and return Proof of Filing and the requested Certified Copy to the below address.

Payment for the required fees is enclosed (\$25.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact us.

Sincerely,

The Client Services Team  
MyCompanyWorks, Inc.  
187 E. Warm Springs Rd., Suite B  
Las Vegas, NV 89119

Phone: 702-362-2677  
Fax: 702-825-2581

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

Brack Real Estate 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 11/30/2022 and assigned  
Florida document number L22000503996.

This amendment is submitted to amend the following:

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

By Angie Brack LLC

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)**

**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:

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**

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>
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02/13 2025

Typed or printed name of signee