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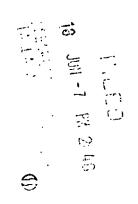
(F	Requestor's Name)	
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
J)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	





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May 24, 2018

CARRIE M BROWNING 2350 OK POINT TERR MIDDLEBURG, FL 32068

SUBJECT: BROWNING'S INDEPENDENT SALES & SERVICE LLC

Ref. Number: L18000083238

We have received your document for BROWNING'S INDEPENDENT SALES & SERVICE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

Letter Number: 418A00010834

COVER LETTER

TO: Registration S Division of Co			
Brownings SUBJECT:	Independent Sales & Service		
300JEC1	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carrie M Browning		
		Name of Person	-
	Brownings Independent S	ales & Service LLC	
		Firm/Company	
	2350 Ok Point Terrace		
		Address	
	Middleburg, FL 32068		
		City/State and Zip Code	
	Frank@browningsindepend	lentsales.com to be used for future annual report notif	icution)
For further information c	oncerning this matter, please c		ican vij
Frank Browning		904 579-6807 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liah</u> (λ Flor	ility Company as it now appears on our rec ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number 1.18000083238	Company were filed on 4/2/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank C. Browning	2350 Oak Point Terrace Middlebury	Add
			Remove
			□ Change
			D Add
			C Remove
			Change
			□ Add
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove

Listing in search query has an apostrophe (') its listed as Browning's	
please change to Brownings with no apostrophe	
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	2
	9
10.00	
ive date, if other than the date of filing: 4/2/18 ective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional)
If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	uirements, this date will not be listed
•	
cord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	at 12:01 a.m. on the earlie
April, 27th 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00