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## **COVER LETTER**

TO:	Registration Se Division of Con			
SUBJE	BROADLA	AND ENTERPRISES LLC		
SOBJE	C1:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amondment and fee(s) are sub	numbered for Elica	
		ondence concerning this matter	-	
		MICHAEL J HEATH		
			Name of Person	
		LAW OFFICES OF MICE	HAEL J HEATH, PA	
		<del> </del>	Firm/Company	
		167 108TH AVE		
			Address	
TREASURE ISLAND, FL 33706				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		t.ciesielski@warsawexpo.e		
		E-mail address: (	to be used for future annual report noti	fication)
For funt	er information o	oncerning this matter, please c	all;	
BRITTA	NY ANDRIAS		727 360-2771	
Name of Person		f Person	at () Area Code Daysim	c Telephone Number
Enclosed	f is a check for t	he following amount:		
₩ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monto Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dreation -	of Enterprises LLC
(Name of the Limited Table (A Florid	Hy Company as It now appears an ear records.)
The Articles of Organization for this Limited Liability ( Florida document number <u>L 12 DDDDO10 U</u>	Company were filed on 1-13-2012 and essigned
This amendment is submined to smend the following:	
A. If ameading name, enter the new name of the lim	ulted Hability company here:
The new name must be distinguishable and contain the words "Line	elical Liability Company," the derignation "LLC" or the abbrevision "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. It amending the registered agent and/or registered gent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zψ Code (
New Registered Agent's Signature, If changing Registered	d Acent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 603, F.S. Or, if this document is ad affice address. I hereby confirm that the limited liability
	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>	Address	Type of Action
MGR	TOMASZ CIESIELSKI	333 S Hamden Dr	EAdd
		Clearwater, FL 33767	□Remove
		<del></del>	
MGR	THOMASZ CIESIELSKI	333 S Hamden Dr	
		Clearwater, FL 33767	置Remove
			□Change
			DAdd
			□Remove
			Change
			DAdd
			\_Remove
			□Change
			□Add
		<del> </del>	□Remove
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fan efi <u>Note:</u>	(optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
300411	em 3 checure date on the Department of State's records.
e recor rd is fi	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 led.
	10/16/2021
Jated	DocuSigned by:
Dated	Cenvo
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00