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	endment Section ision of Corporation	ons			
SUBJECT:	BROOKWYNN, L	TD.			
SUBJECT	Name of	Limited Partnershi	ip or Limited	Liabil	lity Limited Partnership
DOCUME	NT NUMBER: /	\20287 			·
The enclose	ed Resignation of	Registered Age	ent and fee(s) are	e submitted for filing.
Please retur	n all corresponde	nce concerning	this matter	10:	
Jeffrey A. De	eutch				
	Contac	t Person			
Nelson Mulli	ns Riley & Scarborou	igh LLP			
	Firm/C	ompany	.,		
1905 NW Co	rporate Boulevard, Si	uite 310			
	Ad	dress			
Boca Raton, I	FL 33431				
	City, State	and Zip Code			
Jeffrey.Deute	:h@nelsonmullins.com	າາ			
E-mail a	address: (to be used fo	or future annual re	port notificati	on)	
For further	information conce	erning this matt	er, please c	all:	
Jeffrey A. De	eutch		561 at (343-6960
Name of	f Contact Person		_ \	ode an	nd Daytime Telephone Number
Enclosed is	a check made pay	able to the Flo	rida Depart	ment	t of State for:
□ \$87.50 F	iling Fee	□ \$140.00 (\$8	7.50 Filing Fe	ee and	1 \$52.50 Certified Copy Fee)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327		An Div The 241	nendi vision e Cer 15 N.	Address: ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provi	sions of section 620.1116, Florida Statutes, the undersigned	l.	
Jeffrey Deutch	hereh	y resigns as	
	Name of Registered Agent	y reorgin da	
Registered Agent for		⁻	
_	Name of Limited Partnership or Limited Liability Limited Pa	ntnership	
A20287			
Florida Documen	tt Number, if known		
the Florida Departr	Signature of Registered Agent		
If signing on behal	f of an entity:		
	Jeffrey Deutch		
•	Typed or Printed Name		
	Partner		
-	Capacity	2024 TALL	
Filing Fee: Certified Copy (o)	\$87.50 ptional): \$52.50	2024 SEP 10 PM 4: 33	