## L030000 05902

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: BA	ROWN REALTY Name of Limi	GROUP, LLC	<del>-</del>
	Name of Limi	ted Diability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Christopher	Todd Brown	J
		Name of Person	
	BROWN RE	Firm/Company	LLC
		Firm/Company	
	4007 Glen	Garry Rd. E.	
		Address	
	LAKELA	ND FL 3381: City/State and Zip Code	3 <sup>(</sup>
	BROKERBRO	WH 71 @ YAHOO o be used for future annual report notifi	, C.O.M
			canon)
For further information co	ncerning this matter, please ca	H:	
CHRISTO PHER	TODD BROWN	at (863 ) 660 C	9851
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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN HOUSE REALTY & INVESTMENTS (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 2-17-2003and assigned Florida document number L030000 5902. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BROWN REALTY GROUP The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4007 Glen GATTY Rd. E. Enter new principal offices address, if applicable: LAKELAND, FLORIDA (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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			Change
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 60:
nent's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	time, at 12:01 a.m. on the earli
Christopher Jodd Brown Signature of a member or authorized representative	
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Page 3 of 3

Filing Fee: \$25.00