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PICK-UP	☐ WAIT	MAIL
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## cover letter

	gistration Sectivision of Corpor			4
SUBJECT.		lassic Homes of St. Lucie, LLC		
SUBJECT:		Name of Limited Liability	Company	· <del></del>
The enclose	d Articles of An	nendment and fee(s) are submitted for fi	iling.	
Please return	n all corresponde	ence concerning this matter to the follow	wing:	
		Barry Ogrin		
		Name	of Person	<del></del>
		Brownstone Classic Homes of St. Luc	ie, LLC	
		Firm	Company	
		10605 Mendocino Lane		
		A	ddress	
		Boca Raton, FL 33428		
		City/State	and Zip Code	·
		bogrin@comcast.net		
		E-mail address: (to be used fo	r future annual report notification	on)
For further i	nformation cond	eerning this matter, please call:		
Barry Ogrin	1	at (	561 477-8770	
	Name of Pe	erson A	Area Code Daytime Tel	ephone Number
Enclosed is	a check for the t	following amount:		
\$25.00	Filing Fee	Certificate of Status Cert	0 Filing Fee & ified Copy tional 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

Brownstone Classic Homes of St. Lucie, 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  $\frac{1/16/2015}{1}$ and assigned Florida document number \_\_\_\_\_L05000062478 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Zip Code City 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

Page 1 of 3

If Changing Registered Agent, Signature of New

Registered Age

company has been notified in writing of this change.

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	David Stone	15118 116th Terrace North	Add
		Jupiter, FL 33478	Remove
			Change
MGR	Mel Ogrin	10791 Avenida Santa Ana	Add
		Boca Raton, FL 33498	■ Remove
			□ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
		E E E E E E E E E E E E E E E E E E E	Change
		ARY OF STATE	T Romeve

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