

L05000103647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 MAY -3 AM 3:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 06 2013  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2013

DEFOREST BROWN  
235 APOLLO BEACH BLVD #230  
APOLLO BEACH, FL 33572

SUBJECT: BROWN COMFORT SYSTEMS, LLC.  
Ref. Number: L05000103647

We have received your document for BROWN COMFORT SYSTEMS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 813A0000961

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brown Comfort Systems  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeForest Brown  
Name of Person  
Brown Comfort Systems  
Firm/Company  
235 Apollo Beech Blvd #230  
Address  
Apollo Beech Florida 33572  
City/State and Zip Code  
Browncomfortsystems@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeForest Brown at (913) 505-2821  
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  
2561 Executive Center Circle  
Tallahassee, FL 32301

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2012 MAY -3 AM 3:53  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Brown Comfort Systems

(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 10/20/05 and assigned  
Florida document number L05000103647.

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 end with the words "Limited 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 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

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 608, 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

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2018 MAY -3 AM 3:53  
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TALLAHASSEE FLORIDA

• MGR = Manager  
MGRM = Managing Member

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Add Remove  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of member or authorized representative of a member

DeForest Brown

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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