

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
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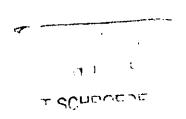
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SECRETARY OF STATE
TAULAHASSET, FLORIDA



COVER LETTER

TC		gistration Sec vision of Corp					
en:	DIECT.	Jeffrey W. E	Brown, LLC				
SUBJECT: Name of Limited Liability Company							
			Amendment and fee(s) are sub-	-			
		· · · · · ·	Jeffrey W. Brown				
			Jeffrey W. Brown, LLC	Name of Person			
			339 Miami Ave	Firm/Company			
				Address			
			Indialantic, FL 32903	City/State and Zip Code			
			jbrown@transportationta.co	om			
Fo	r further i	nformation co	E-mail address: (i neerning this matter, please ea	to be used for future annual report not	(fication)		
Je	ff Brown	_		at () 732-9722 Area Code Daytim			
		Name of	Person	Area Code Daytim	ie Telephone Number		
En	closed is a	a check for the	e following amount:				
	\$25.00 F	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

ame 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 June 14, 2006 and assigned Florida document number _____L06000060851 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 "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) 05 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

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
AMBR	Laurie Lynn Jones	339 Miami Ave Indialantic, FL 32903	■ Add
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ffective date, if other than the	ast be specific and	cannot be prior t	o date of filing or	nore than 90 days a			
Note: If the date inserted in this blocument's effective date on the l			ble statutory fili	ng requirements,	this date will	not be	listed as
e record specifies a delaye The 90th day after the re		late, but not	an effective	time, at 12:0	1 a.m. on	the ea	arlier o
Dated		·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00