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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
CHIMARION	rownlee, PLLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Kenneth Brownlee		
		Name of Person	
		Firm/Company	
	2614 Durant Oaks Dr		20
		Address	
	Valrico FL 333596		: 
		City/State and Zip Code	7
	ken@kenbrownlee.com	to be used for future annual report not	itication)
For further informati	on concerning this matter, please c	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Kenneth Brownlee		813 413-4229 at ( )	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check:	for the following amount:		
■ \$25.00 Filing Fe	ce	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ken Brownlee PLLC (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  $\frac{02/05/2008}{}$ and assigned Florida document number L08000013027 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kenneth Brownlee PLLC 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

## 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
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			□Remove
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of tote:  If the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	:01 a.m. on the earlier of: (b) The 90th day after th
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Signature of a member or authorized repro	esentative of a member