4100000 24113

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000340189290

02/10/20--01026--011 *∗25.00

2011 6 W 9: 12

C GOLDEN

MAR = 6 2020

COVER LETTER

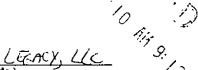
Registration Section

Division of Corporations

TO:

subject: Floqida	A HIGHWAY MEN HIS Name of Limi	tork ARJST AT Brow ited Liability Company	N LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANGELA	J BROWN Name of Person	
	FIORIDA HIGHL	N'77Y/11EN' HISTORIC A. Firm/Company	RHIST AJBROWN, LLC
	8652 Clear	late lane Address	
	FORT PIEVE	Floring 34947 City/State and Zip Code	
	— Glactis E-mail address: (1)	+ C UCINO - (0 M) to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
A J BROW	IN	at (772) 882 C	1446
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Second Division of Corporate Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Floring Highway MEN ARTIST A. J. BROWN 2ND GEN AND LEACY, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on NWCh 3, 20/0	and assigned
Florida document number <u>L/00000 24/73</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
FIORIDA HIGHWAY MEN HISTOR The new name must be distinguishable and contain the words "Limited Liability"	IC ACTIST A J BROWN, Lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	8652 Clearlake Las	
	8652 ClearLake Lan FORT Pierce Florida, 349	<u>47 </u>
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
1		
	 	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of	the new registered
agent and/or the new registered office address here:	lange applicable	the new registered
Name of New Registered Agent:		the new registered
Name of New Registered Agent:	Enter Florida street address , Florida	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	the new registered
Name of New Registered Agent:	Enter Florida street address City 7. April 1. City City	p Code

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:

Moderate Applicable

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		· ···	□Remove
			Change
			□∧dd
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If ame	nding an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	ND	othechanger	
_	 ,		
_			
_			
_	-		
_			
=			
-			
_			
-			
-			
_			
-			
_			
-			
(If an off <u>Note:</u>	ective date i If the date	if other than the date of filing:	
If the recor		s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated	Fel	bruary 6,2020 Description	
		Will reason	
	()	Signature of a memori of authorized representative of a memori	
	· · ·	ATBAOGUAL	

Typed or printed name of signee