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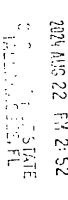
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8/26/24



COVER LETTER

TO:

Registration Section

Division o	f Corporations	
	IS BROWN GROUP HOME, LLC	
SUBJECT:	Name of Lin	ited Liability Company
	es of Amendment and fee(s) are sub	
	DORIS BROWN	
		Name of Person
	DORIS BROWN GROUP	PHOME, LLC
		Firm/Company
	5209 NW South Lovoy C	ircle
		Address
	Port Saint Lucie, FL 3498	6
		City/State and Zip Code
	dorisbrown56@yahoo.com	(to be used for future annual report notification)
For further informa	tion concerning this matter, please of	alt:
DORIS BROWN		561 452-3202 at ()
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
□ \$25.00 Filing F	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORIS BROWN GROUP HOME, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our re ed Liability Company)	<u>:cords.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on December 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 officagent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	rsp Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completed the obligations of my position as registered agent a being filed to merely reflect a change in the registered officers.	igree to act in this capacity. ete performance of my dutie is provided for in Chapter (s, and I am familiar with and 5.605, F.S. Or, if this document is
company has been notified in writing of this change.	ice univers, i nevery conjur	m that the timited tidings .

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	KARLA JENKINS	148 SUMMIT ST, #1, HYDE PARK, MA 02136	= Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□Change 22
· 			<u>f:</u> □Add ;
			E STATE REPROVE
			E) (II

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated August 19 ADD4 Signature of a faembyr or authorized representative of a member DORIS BROWN	_		
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