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## **COVER LETTER**

BE SUBJECT:	ROWARD C.	APITAL INVESTORS LLC		
		Name of Limit	ed Liability Company	
The enclosed Ar	ticles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all	corresponde	nce concerning this matter to	the following:	
		CHRISTOPHER J. GERTZ	. ESQ.	
	-		Name of Person	
		CHRISTOPHER J. GERTZ	Z, PA	
	-		Firm/Company	<del></del>
		888 SOUTH ANDREWS A	VENUE, SUITE 204	
	-		Address	<del></del>
		FORT LAUDERDALE, FL	33316	
	-		City/State and Zip Code	
	(	HRIS@GERTZLAW.NET		
	_	E-mail address: (to	be used for future annual report n	otification)
For further infor	mation conce	erning this matter, please cal	1:	
CHRISTOPHE	R J. GERTZ		954 565-2601 at ( )	
	Name of Per	son		ime Telephone Number
Enclosed is a ch	eck for the fo	llowing amount:		
■ \$25.00 Filin	g Fee C	S30.00 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:

TO:

Registration Section
Division of Corporations

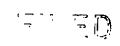
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



**BROWARD CAPITAL INVESTORS LLC** 

2019 SEP 11 AM 8: 22

The Articles of Organization for this Limited Liability Company we Florida document number L11000006186	ere filed on <u>01/13/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	v company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne 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 registered agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	·
New Registered Agent's Signature, if changing Registered Agent;	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I a ovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	FLORIDA LAND INVESTOR'S, INC.	1910 CORDOVA ROAD FORT LAUDERDALE, FL 33316	□ Add
			Remove
			Change
MGR	CHRISTOPHER J. GERTZ, ESQ.	888 S. ANDREWS AVE, #204 FORT LAUDERDALE, FL 33316	<b>=</b> Add
			Remove
			Change
			Remove
			Change
	<del></del>		□ Add
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		<del></del>	Change
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			□ Remove
			Change
	<del></del>		Add
			□ Remove
		<u></u>	□ Change

. If amending any other information	<u>.</u>		,
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. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to k does not meet the applicat	date of filing or more than 90 o	
the record specifies a delayed of the record specifies and the record the rec		an effective time, at 1	2:01 a.m. on the earlier of
Dated SEPTEMBER 10	2019		
		_ •	
X OW	ignificate of a member or author	ized representative of a membe	· · · · · · · · · · · · · · · · · · ·
JOHN T. LOOS	respect of a memori of addior.	med representative of a member	•

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Typed or printed name of signee

Filing Fee: \$25.00