

L11000019773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED

2019 MAR -6 PM 2:01

CLERK OF COURT
JACKSONVILLE, FL

C. GOLDEN

MAR 16 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Broome Realty LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet F. Broome

Name of Person

Broome Realty LLC

Firm/Company

2048 Allen St

Address

Englewood, FL 34223-1721

City/State and Zip Code _____

City/State and Zip Code

Jan@janbroome.com

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet F. Broome

941

681-0242

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Name of Person

at (_____) _____
Area Code

[Daytime Telephone Number]

Enclosed is a check for the following amount:

 \$25.00 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**

FILED

2019 MAR -6 PM 2: 01

Broome Realty LLC

(Name of the Limited Liability Company as it now appears on our records.) **FILED** **STATE**
(A Florida Limited Liability Company) **CLASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 02/15/2011 and assigned
Florida document number LI1000019773.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Janet F. Broome LLC

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:

2048 Allen St.

(Principal office address MUST BE A STREET ADDRESS)

Englewood, FL 34223

Enter new mailing address, if applicable:

As Shown Above

(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

City

Florida

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

When 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 4, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee