## KII CCC0197+3

(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:





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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
Janet F. Br			
SUBJECT:	Name of Lin	ited Liability Company	
The anglocad Articles of	Amendment and fee(s) are sub	united for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Janet F. Broome		
	<u>.</u>	Name of Person	<del></del>
	Janet F. Broome LLC		
		Firm/Company	
	2048 Allen St.		
		Address	
	Englewood, FL 34223		
		City/State and Zip Code	
	janbroome@gmail.com		
For further information c	e-mail address: (	to be used for future annual report notification all:	)
Janet F. Broome		941 681-0242	
Name o	f Person	Area Code Daytime Telepi	hone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporati	ons
P.O. Box 632	.7	The Centre of Tallaha	issee
Tallahassee, 1	FL 32314	2415 N. Monroe Stree Tallahassee, FL 3230	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Janet F. Broome LLC

2022 JUN -6 PM 12: 18

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	SELNE MARY DE STATE
The Articles of Organization for this Limited Liability Company Florida document number L11000019773		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Broome Realty LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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: (Mailing address MAY BE A POST OFFICE BOX)	As Shown Above	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	5
	, Flo	orida
	City	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 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
			□ Add
			□Remove
			□Change
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n effective date is listed, the	tan the date of filing:  date must be specific and cannot be prior to date of filing of		
	n this block does not meet the applicable statutory from the Department of State's records.	ling requirements, this date will not be	listed as
is filed.	effective date, but not an effective time, at 12:01 a.i		after the
May 31,	Signature of a member or authorized representation		
·	<del></del> ··		

Typed or printed name of signee