L1200038494

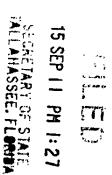
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
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COVER LETTER

TO:		istration Sec ision of Corp			•	
CIIR I	ECT:	BROOME (CAPITAL	*	Ċ.	() ()
S747 (D4)			Name of Limi	ted Liability Company		
The e	nclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return	all correspo	ndence concerning this matter	to the following:		
			KATHERINE TIPITINO			
				Name of Person		-
				Firm/Company		-
			2190 BELCHER RD S SU	ITE B		
				Address		-
			LARGO FL 33771			
			KATHY@PROLUXEPROI	City/State and Zip Code PERTIES.COM		-
				to be used for future annual report not	ification)	
For fi	arther in	nformation co	oncerning this matter, please ca	all:		
KAT	HY TII	PITINO		727 532-3020 at ()		
-		Name o	f Person	Area Code Daytin	ne Telephone Numbe	r
Enclo	sed is	a check for th	ne following amount:			
■ \$.	25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

BROOME CAPITAL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records ted Liability Company)	_)
The Articles of Organization for this Limited Liability Comparion document number L12000038494	any were filed on 03/19/12	and assigned
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		SS =
	·	<u> </u>
		27
3. If amending the registered agent and/or registered registered agent and/or the new registered office address b		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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>	Address	Type of Action
MGRM	YONEL DEVICO	885 AVENUE OF THE AMERICA	
		NEW YORK CITY NY 10001	■ Remove
			□ Change
MGR	YONEL DEVICO	885 AVENURE OF THE AMERIC	Add
	4	NEW YORK CITY NY 10001	Remove
			Thange AHAII
	·		ASSE PA
		·	Remove
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Filing Fee: \$25.00