L12000118108

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J. SAULSBERRY EXAMINER

SEP 24 2012

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJI	ECT:	Borchard	t Brokerage LLC			
•		Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing,			
Please	return all correspon	ndence concerning this matter	to the following:			
	Joel Borchardt					
			Name of Person			
		Bo	rchardt Brokerage LLC			
	Firm/Company					
		189 S	Orange Avenue, STE 1	400		
Address			· ·	2017 SEC		
	Orlando, FL 32801				LAY LAY	त्रभ
City/State and Zip Code					SEP 2 AHASS	4.790 5. aa
bo			chardtjoel@gmail.com		m-d	
		E-mail address: (1		ş.,		
For further information concerning this matter, please call:					21.86 21.86 21.80	***
	Joe	el Borchardt	at (_407_)	718-8801		
	Name of	Person		aytime Telephone Number		
Enclos	ed is a check for the	e following amount:				
\$25.00 Filing Fee & Certificate of Status			\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &	l)
MAILING ADDRESS: Registration Section		STREET/CO Registration S	DURIER ADDRESS: Section			

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

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TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Borcha	ardt Brokerage LL0				
(Name of the Limited Liabili (A Florida	ity Company as it now appears Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on _	9/14/2011	and a	assigne	d
Florida document number L12000118108	·	·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or th	e abbre	 viation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)		255	218	
		•	AR	33	7
			SSA	N	***
Enter new mailing address, if applicable:			33.5		\$
.			- CS	.a.	
(Mailing address MAY BE A POST OFFICE BOX)	 			**	
	 		<u> </u>	<u>10</u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter th</u>	e name	of the	e new
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida street addro	2SS		
	, Florida				
	City		Zip Co	ode	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM Joel Borchardt 1035 N Thornton Avenue Orlando, FL 32803 Remove Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 18 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00