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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration So Division of Cor			
CHD IV	Brocon Ho	lding LLC	<i>,</i> .	
SUDARA	CI;	" Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ro	Brocon Holding LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asserter return all correspondence concerning this matter to the following: Walter S. Marvin Name of Person Brocon Holdings LLC Firm/Company 342 Wellington Drive Address Palm Coast, Florida 32164 City/State and Zip Code smitmarvin@yahoo.com E-mail address (to be used for future annual report notification) r further information concerning this matter, please call: alter S Marvin Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: 1 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
		Walter S. Marvin		
			Name of Person	
		Brocon Holdings LLC		
		Address Palm Coast, Florida 32164 City/State and Zip Code smitmarvin@yahoo.com E-mail address: on Section First Company 342 Wellington Drive Address Palm Coast, Florida 32164 City/State and Zip Code smitmarvin@yahoo.com E-mail address: Certificate of Status Certificate Copy radditional copy is enclosed) Certificate Copy radditional copy is enclosed) ddress: Street Address: Street Address: Registration Section		
		342 Wellington Drive		
			Address	
		Palm Coast, Florida 32164		
		smitmarvin@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	her information c	concerning this matter, please c	all:	
Walter S	S Marvin		Address Im Coast, Florida 32164 City/State and Zip Code tmarvin@yahoo.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for t	he following amount:		
□ S25	.00 Filing Fee	X S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registration :			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strocon Floidings L.C. (Name of the Limited Liabili	ity Company as it now appears un our record	de)
(A Florida	ity Company as it now appears on our record a Limited Liability Company)	 ,
The Articles of Organization for this Limited Liability C	Company were filed on 1/28/2021	and assigned
Florida document number 1.12000139862	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		₹. 2
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		P
		2: 13 Loaid
Enter new mailing address, if applicable:		Cn. ω
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records. <u>enter</u>	the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
THE TREE PROPERTY.	Enter Florida street addres	3.5
	FI	lorida
	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
	Margot Marvin	342 Wellington Drive	
		Palm Coast, Florida 32164	■Remove
			□ Change
			□Add
			□Remove
			Change
		40-74-	Change Change
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