## 11300056598

(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:	$\neg$

Office Use Only



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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: Br	Name of Limite	AUMONT L	LC.
The enclosed Articles of Art	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	MARQ	6 Bottine //i Name of Person	
	MB7C	OR PORAte SER	WICKSLLC
	777 Br	ickell Aur Sui	te 1210
	Mian	F1 33131 City/State and Zip Code	
-	MBOH!	NELLIOUNY - MP be used for future annual report notific	tho. Cou
For further information cond	cerning this matter, please cal	l:	
MAPCOLO Name of Pe	Boffinelli erson	at (_305)503 - 3 Area Code Daytime	2700 Telephone Number
Enclosed is a check for the f	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:

1.

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



February 12, 2018

BROWN & BEAUMONT LLC 777 BRICKELL AVE SUITE 1210 MIAMI, FL 33131

SUBJECT: BROWN & BEAUMONT LLC

Ref. Number: L13000056598

We have received your document for BROWN & BEAUMONT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00002909

FEB 2 0 2018

RECEIVED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN	8 BEAUMONT LLC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	company were filed on $04/17/2013$ and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
KENSCOFF Adviso	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	777 BRICKELL AVE Suite 1210
(Principal office address MUST BE A STREET ADDR.	ESS) Migni, Fl 33/31: ~
	<u> </u>
Enter new mailing address, if applicable:	· <u>· · · · · · · · · · · · · · · · · · </u>
•	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
	<u> </u>
B. If amending the registered agent and/or regist	tered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	ress here:
Name of New Registered Agent:	
N D ( ) ( ) ( ) ( )	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	Enter Frontia sirver address
	, Florida
	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>	<u>Address</u>	Type of Action
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			Remove
			☐ Change
		<u> </u>	Add
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record specifies a delayed effective of the 90th day after the record is filed.	late, but not	an effective	time, at 12:	01 a.m. on	the ear!	lier
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Page 3 of 3

Filing Fee: \$25.00