13000119517

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(0	,,, o	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



300313787453

05/29/18--01036--008 **25.00

SECRETARY OF STATE OR DIVISION OF CORPORATIONS

N COOPER JUN 01 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coff Brown and Common (Name of the Limited Liability Con	om sony LLC	records t	
(A Florida Limit	ed Liability Company)	records	
The Articles of Organization for this Limited Liability Compa	my were filed on <u>8/23</u>	113 and assign	ned
Florida document number <u>L 13600119517</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	n "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>
			938
		4 2	
Enter new mailing address, if applicable:		29	AR CI
(Mailing address MAY BE A POST OFFICE BOX)		A	129 C
		<u>හ</u>	三葉 57 ≯罪
		37	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	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>	Address	Type of Action
MGRM_	Patricia H Brown	5537 Atlantic View	DAdd
		St. Augustin, Fr. 32080	☐ Remove
			⊠ Change
MGIZM	Geoffrey 5 Brown	5537 Atlantic View	Add
		St. Agrotice, R 32080	□ Remove
			⊠ Change
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

— — — —
_ _ _ _
_ _ _
<u>-</u>
_
_
ड
HĄY
1 2
29
A
ထ္
37
_

Page 3 of 3

Filing Fee: \$25.00