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(Req	uestor's Name)	
(Add	ress)	
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(City/	State/Zip/Phon	e #)
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(Doc	ument Number)
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COVER LETTER

ΓO: Re Di	gistration Secti vision of Corpo	on rations		
SUBJECT:	Brookfield	Group LLC		
SUBJECT		Name of Limit	ted Liability Company	
The enclose	ed Articles of Ar	nendment and fee(s) are subt	mitted for filing.	
Please retu	m all correspond	ence concerning this matter t	to the following:	
		Kenneth B. Cornell		
			Name of Person	
		Brookfield Group LL	С	
			Firm/Company	
	•	6031 Old Cheney H		
			Address	
		Orlando FL 32807		
			City/State and Zip Code	
		ken@cornellhomesllc	C.COM to be used for future annual report notifica	6
			•	uon)
For further	information con	cerning this matter, please ca	all:	*
Edward	G. Milgrim		407 790-4959	*407-467 9547
· -	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is	s a check for the	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: 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

Brookfield Group LLC			
(Name of the Limite	d Liability Compa A Florida Limited	nny as it now appears on our record Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Li	ability Company	were filed on 6/24/2014	and assigned
lorida document number L14000100704	,		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
he new name must be distinguishable and end with the	words "Limited Liab	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applica	able:	N/A	Z _S
(Principal office address MUST BE A STREET ADDRESS)			5 D
			\$5 B
			SS Z
Enter new mailing address, if applicable:		N/A	Te z m
Mailing address MAY BE A POST OFFICE .	<u>80X)</u>		STATE STATE
			<u> </u>
B. If amending the registered agent and/registered agent and/or the new registered of			
Name of New Registered Agent:	IN/A		
New Registered Office Address:	N/A		
		Enter Florida street addres	38
			orida
		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager .	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas P. Cornell	6031 Old Cheney Hwy Unit 37	
		Orlando, FL 32807	Remove
			D Add
			☐ Remove
			Add
			□ Remove
			□ Add
			☐ Remove
·····		 	Add
			□ Remove

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		12/0/2015			>		
ffective date, if other than the an effective date is listed, the date mu	date of filing	: 12/9/2015	- 1-4 - CCU		(optional)		COS 030
ote: If the date inserted in this becament's effective date on the D	lock does not m	eet the applica	ble statutory f	iling requiremen	ys aner ming.) Fur its, this date will	not be	listed a
e record specifies a delaye		ate, but not	: an effectiv	e time, at 12	!:01 a.m. on	the ea	ırlier d
The 90th day after the rec	ora is filea.						
December 9th		2015			, a		
	·,		 /_/				
				tive of a member	(

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00