K14000104321

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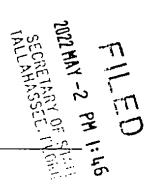
1022 MAY -2 PM 1: 46

COVER LETTER

TO: Registration : Division of C				
	e'S REAL ESTATE BROWARI), L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Claudia Serna			
		Name of Person		
	BROKER'S REAL ESTA	TE BROWARD, L.L.C.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	20200 W Dixie Hwy Suite	: G7		
Address				
	Aventura FL. 33180			
		City/State and Zip Code		
	claudia@brokersllc100.con			
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)	
Oscar Morales		954 3296999 at ()		
Name	of Person		me Telephone Number	
Enclosed is 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		<u>Street Address:</u> Registration S	ection	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2415 IN, MONI	oc street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BROKER'S REAL ESTATE BROWARD, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on 06/30/2014	and assigned
Florida document number L14000104321		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "l	LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	· · · · · · · · · · · · · · · · · · ·
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my duties nt as provided for in Chapter 60	e, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	re 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
AMBR	Oscar J Morales	20200 W Dixie Hwy Suite G7 Aventura FL. 33180	= Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

•

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 18, 202 Signature of a member or authorized representative of a member
organization a member of audionized representative of a member
Claudia Serna

Typed or printed name of signee