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(Re	questor's Name)	
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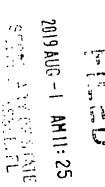
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BROWARD BUILDERS	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ORI	ANDO NIGHTENGALE	
		Name of Person	
		BROWARD BUILDERS LLC	
		Firm/Company	
		1850 NW 15TH AVENUE, STE	# 260/265
		Address	
		POMPANO BEACH, FL 33069	
	MICHA	City/State and Zip Code .EL@CARTAGENABUSINESS.C	COM
	E-mail address: (to be used for future annual report not	iffication)
For further information	concerning this matter, please c	all:	
ORLANDO N	IGHTENGALE	954 494-3529 at ()	
Name	of Person		ne 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)
Regis	JNG ADDRESS: tration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	on
P.O. I.	30x 6327 assec, FL 32314	Clifton Building 2661 Executive C	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWARD E	BUILDERS LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000164641}{1.14000164641}$.	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019 AUG
Enter new mailing address, if applicable:	1850 NW 15TH AVENUE	13. 1 1110000
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 260/265	
	POMPANO BEACH, FL 33069	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	JOHN P HENSEL	221 SW 32ND AVENUE	
		DEERFIELD BEACH, FL 33442	
			■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
		☐ Remove	
		Change	
			□ Remove
			☐ Change
			□ Add
		☐ Remove	
		☐ Change	
			□ Remove
			Change

- , =	
 -	
	
(If an effective date Note: If the da	, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated	5TH 2019
	Son Ito
	Signature of a member or authorized representative of a member
	ORLANDO NIGHTENGALE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00