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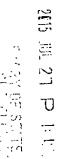
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COVER LETTER

TO:	Registration Division of C			
CI ID FE		a Manager		
SUBJE	.C.I:	Name of Lim	nited Liability Company	<u></u>
•				
The end	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corres	spondence concerning this matter	to the following:	
		Tiffini P Brown		
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Person	
		Brown Mechanical Service	es, Ll.C	
			Firm/Company	
		1012 Mohican Blvd		
			Address	
		Jupiter, FL 33458		
			City/State and Zip Code	
		tiffinib@gmail.com		
For fur	ther informatio	E-mail address: (n concerning this matter, please c	to be used for future annual report no all:	tification)
Tiffini	P Brown		561 906-5763	
	Nam	e of Person	Area Code Daytii	me Telephone Number
Enclose	ed is a check fo	r the following amount:		
□ \$ 25	5.00 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:

TO:

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

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

The Articles of Organization for this Limited Liability Company were filed on January 2,2015 and assigned Florida document number L15000001632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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
AMBR	Richard S Brown II	1012 Mohican Blvd, Jupiter, FL 33	∃ Add
•			
•			□ Remove
			☐ Change
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ecord specifies a delayed e 90th day after the rec	d effective date, but not cord is filed.	an effective time,	at 12:01 a.m	. on the earli
	2015			
d July 22	2015			
July 22	Glown	_ •	•	2915
July 22 Juffin P.	Signature of a member or author	ized representative of a mo	ember .	123 123 124 124 124 124 124 124 124 124 124 124
July 22 Juffini P Brown	Glown	ized representative of a mo	ember	122177

Filing Fee: \$25.00