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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Tallahassee, FL 32314

ΓΟ: Registration Division of C			1
SUBJECT:	Brown and	Black Propertie	es LLC.
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	•
Please return all corre	spondence concerning this matter	to the following:	
	Walter	Brown	
		Name of Person	
		Firm/Company	
	21 Marina	Terrace	
		Address	
	Treasure_	Island, Florida	33706
	1 EXUS 36 E-mail address: (Address Ts/and, F/orida City/State and Zip Code Ohot mail COM to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please c	all:	
Walter	Brown	at (2/6) 2/4-/ Area Code Daytim	e Telephone Number
Nam	ie of Person	Area Code Daytim	e Leiepnone Number
Enclosed is a check fo	r the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registratio	n Section Corporations	Registration Sec Division of Cor	
P.O. Box 6		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brown and Blo	ack Propertie	s LLC	量ら	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	s on our records.)	THE TY	1
The Articles of Organization for this Limited Liability Co	ompany were filed on	1/28/2015	Fand assigned	Į
Florida document number 1150005140	6		To the same of the	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	re:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the de-	signation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			,	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our red	cords, <u>enter the n</u>	ame of the new registere	<u>:d</u>
Name of New Registered Agent:			 	
New Registered Office Address:				
	Enter Florid	la 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>Address</u> Title Name. 8235 King Memorial Rd. DAdd MGR TUWARAG Black Kirk land Hills, Chio 44060 - Remove ______ **X**Change ______ Change ______ □Change ______ □Change

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an effective ote: If the ocument's	ecifies a delayed effi	Tall-	2020	ized representative		b) The 90th day after the

Filing Fee: \$25.00