# L15000052125

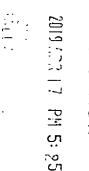
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Linky Hame)                   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amendico

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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: TWO BROTHERS BROKERAGE LCC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Name of Person  |
| TWO BROTHERS BROKERGE LLC   |
| 1002 E. NEWPORT CENTER DR. Address  |
| DIEER KIELD BEACH, 1=1 33 442  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at $(954)$ $(767-)(0)$ Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

| TWO BROTHER  (Name of the Limited Liability C  | S BROKELAGE LLC Company as it now appears on our records.) Inited Liability Company) |            |
|--|--|------------|
| (A Florida Lin   | nited Liability Company)   |            |
| The Articles of Organization for this Limited Liability Com Florida document number $4/5000052123$ | spany were filed on $3/24/15$ and assigned   |            |
| This amendment is submitted to amend the following:  |  |            |
| A. If amending name, enter the new name of the limited   | l liability company here:  |            |
| The new name must be distinguishable and contain the words "Limited                                | Liability Company," the designation "LLC" or the abbreviation "L.L.C."               |            |
| Enter new principal offices address, if applicable:  |  |            |
| (Principal office address MUST BE A STREET ADDRES  | 39   |            |
|  | 201  |            |
|  |  |            |
| Enter new mailing address, if applicable:  |  |            |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |            |
|  | <u> </u>   |            |
| B. If amending the registered agent and/or registere   | ed office address on our records, enter the name of the name                         | 21         |
| registered agent and/or the new registered office address  | s here:  | <u>. v</u> |
| Name of New Registered Agent:  |  |            |
| New Registered Office Address:   |  |            |
|  | Enter Florida 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>Title</u> | Name         | Address  | Type of Action  |
|--------------|--------------|--|-----------------|
| MGR          | EILEEN TRUGL | M 1002 E NEWBORT CTR<br>DEERFIELD BEACH, FA<br>33442 | <b>M</b> ,□ Add |
|              |              | DEERFIELD BEACH, FA                                  | 2 Remove        |
|              |              | 33442  | Change          |
|              |              |  | Add             |
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|              |              |  | _□ Change       |

| (If an c<br>Note:    | etive date, if other than the date of filing:  |
|----------------------|--|
| If the re<br>(b) The | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dated                | 1_4/16/20/9  |
| Dated                |  |

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Filing Fee: \$25.00