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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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AUG 11 2015 S. YOUNG

COVER LETTER

	gistration Sec vision of Cor						
CUBICAL		ily Holdings LLC					
SUBJECT		Name of Limi	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspon	ndence concerning this matter	to the following:				
		Robert B Brown III					
			Name of Person	1550			
		Pennekamp Law					
			Firm/Company		_		
		2811 SW 3rd Ave			- 4 3	**** *********************************	
			Address		- :	(C)	
		Miami, FL			. 1	ō	
			City/State and Zip Code		<u> </u>	====	٠
		bob@pennekamplaw.com				Š	
		E-mail address: (to be used for future annual report	notification)	. :	(J)	
For further	information co	oncerning this matter, please ca	all:				
Robert B. I	Brown III		305 860-444	15			
	Name of	f Person	Area Code Da	ytime Telephone Numbe	er		
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	

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

Brown Family Holdings LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{06/15/2015}{}$	and assigned
Florida document number L15000104233		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1810 NW 17th Lane	
Principal office address MUST BE A STREET ADDRESS) Gainesville, FL 32608		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1810 NW 17th Lane	Cry
Mailing quaress MAT BE A POST OFFICE BOX	Gainesville, FL 32608	117 ≥≥-
		53
3. If amending the registered agent and/or registered		enter the name of the
egistered agent and/or the new registered office address	<u>here</u> :	
		i No Pali on
Name of New Registered Agent:		Control Control
New Registered Office Address:	Enter Florida street address	
		_
	, Flori	da Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tallulah W Brown	1810 NW 16th Lane	Add
		Gainesville, FL	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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Tective date, if other tan effective date is listed, the	han the date of file date must be specific	ling:and cannot be prior to date of	of filing or more than 90 days	after filing.) Pursuant to 605.02
ote: If the date inserted	in this block does no	ot meet the applicable sta	of filing or more than 90 days tutory filing requirements,	this date will not be listed
ote: If the date inserted	in this block does no	ot meet the applicable sta	of filing or more than 90 days tutory filing requirements,	this date will not be listed
ote: If the date inserted ocument's effective date e record specifies a	in this block does no on the Department of delayed effective	ot meet the applicable sta of State's records. e date, but not an e	tutory filing requirements,	this date will not be listed
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ote: If the date inserted ocument's effective date e record specifies a The 90th day after	in this block does no on the Department of delayed effective	ot meet the applicable sta of State's records. e date, but not an e	tutory filing requirements,	this date will not be listed a.m. on the earlier
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e record specifies a The 90th day after	in this block does not on the Department of delayed effective the record is file	ot meet the applicable sta of State's records. e date, but not an e ed.	tutory filing requirements,	this date will not be listed a.m. on the earlier

Page 3 of 3

Filing Fee: \$25.00