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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		nterprises LLC		
SUDJE	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Piease re	eturn all correspo	ndence concerning this matter	to the following:	
		Keiron Brown		
			Name of Person	
		K.Brown Enterprises LLC		
			Firm/Company	
		6712 Schooner Terrace		
			Address	
		Margate Florida 33063		
		keironbrown76@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	tication)
For furti	her information c	oncerning this matter, please c	afl:	
Marisa	Brown		954 8259723	
	Name o	f Person		e Telephone Number
Enclose	d 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 HAY 25 PM 12: 45

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	eçords.)
The Articles of Organization for this Limited Liability Company Florida document number L15000122652	were filed on 7/22/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6712 Schooner Terrace, N	Margate Florida 33063
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6712 Schooner Terrace, M	Margate, Florida 33063
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	nddress
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	MGR = Manager AMBR = Authorized Member		The state of the s		
<u>Title</u>	<u>Name</u>	Address	21 HAY 25 PH 12	Type of Action	
				□Add	
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				□Remove	
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ective date, if other than the date of filing: (optional)		, enter change(s) here: (Attach additional sheets, if necessary).
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled. ed 5/21/2021		21 HAY 25 PH 12: 45
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	Keiron Brown	