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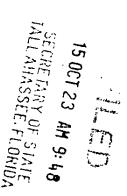
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(0	City/State/Zip/Phone #)	
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(1	Document Number)	
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J SHIVERS

COVER LETTER

Division of Cor	porations		
SUBJECT:MA	C BROWNWOOD, LLC		
Subject.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Louis A. Sousa, Esq.		
		Name of Person	
	Lisa & Sousa, Ltd.		
		Firm/Company	
	5 Benefit Street		
	-	Address	
	Providence, RI 02904		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	n/a		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Diane R. Protano		401 274-0600 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

Registration Section ,

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

MAC BROWNWOOD, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on September 16, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
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 registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address, Florida	23 AM 9
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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>	Address	Type of Action
MGR	Carlos Ribeiro	2660 South Ocean Boulevard	∃ Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Diane Cavallo	2660 South Ocean Boulevard	■ Add
		Unit #706S	Remove
		Palm Beach, FL 33480	□ Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	■ Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	□ ,Change
MGR	Tanya DaCosta	2660 South Ocean Boulevard	SECRADO SAMO
		Unit #706S	23 SS TRemove
		Palm Beach, FL 33480	OF S Chapse
MGR	Christopher DaCosta	2660 South Ocean Boulevard	DA Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Lindsey DiPietro	2660 South Ocean Boulevard	_ ■ Add
		Unit #706S	□ Remove
	·	Palm Beach, FL 33480	□ Change

(continued)

TITLE	NAME	<u>ADDRESS</u>	<u>ACTION</u>
MGR	Alexander DiPietro	2660 South Ocean Boulevard Unit #706S Palm Beach, FL, 33480	Add

15 OCT 23 AM 9: 48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ective date, if other than the	e date of filing:	(0)	ptional)
<u>te:</u> If the date inserted in this b	lock does not meet the applicabl	e statutory filing requirements,	this date will not be liste
ument's effective date on the I	Department of State's records.		AL SE
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record specifies a delaye	ed effective date, but not a	n effective time, at 12:0	
he 90th day after the re	Loru is illeu.		23 VRY SSE
October 23	2015		AH E.F.
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	Signature of a member or authorize	ed representative of a member	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00