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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
CHDICAT.		DINGS IV. LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	-
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JENNIFER L. WILLIAMS	SON. ESQUIRE	
			Name of Person	
		CRARY BUCHANAN. PA	\	
			Firm/Company	
		759 SW FEDERAL HIGH	WAY, SUITE 106	
			Address	
STUART, FLORIDA 34994				
			City/State and Zip Code	
		esorvillo@elitepayroll.net	to be used for future annual report notif	Gustion
Ear further in	rformation c	oncerning this matter, please ca		ikation)
		oncerning this matter, please ca		
Lou Ann Ru		.	772 233-4602 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
Reg	iling Addres gistration S vision of C		<u>Street Address:</u> Registration Sec Division of Cor	
	D. Box 632		The Centre of T	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WTF HOLDINGS IV, LLC		လဲ	
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	25
The Articles of Organization for this Limited Liability Company velocida document numberL16000127074	vere filed on	07/05/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
MK BROWN HOLDINGS XVI, LLC			
he new name must be distinguishable and contain the words "Limited Liability	y Company," the de:	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3322 SE GRAN PARKWAY		
Principal office address MUST BE A STREET ADDRESS)	STUART, FLORIDA 34997		
Enter new mailing address, if applicable:		GRAN PARKWAY , FLORIDA 34997	
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office adequates and/or the new registered office address here: 	ldress on our rec	cords, <u>enter the nam</u>	ne of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
			🗀 Remove
			□Change
			□Remove
			□Change
			□ Add
		 	□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
	
an effectiv ote: If the	date, if other than the date of filing:
record sp Lis filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	JULY . 2020
	Mills. Co
	Signature of a member or authorized representative of a member
	MATTHEW S. BROWN
	Typed or printed name of signee

Filing Fee: \$25.00