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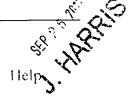
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Electronic Filing Menu

Corporate Filing Menu



•		COVER LETTER	4
TO: Registration S Division of Co			<i>‡</i>
BRW In	vestment Properties, LLC	*1*	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzcom.com, Inc.		_
		Firm/Company	
	101 N. Brand Blvd., 11		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	brendonrwalker@gmai	l.com	
	E-mail uddress: (to be used for future annual rep	ort notification)
For further information	r concerning this matter, please ca	all:	
Cheyenne Mosele	у	800 773-	0888 ext. 9724 Daytime Telephone Number
Маль	e of Pensin	Area Code	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BRW Investment Properties, LLC	<u> </u>
(Name of the Limited Liability Company as it now (A Florida Liquided Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L17000180064	on 08/23/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and end with the words "Limited Liability Contrar	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO
(Principal office address MUST BE A STREET ADDRESS)	2
	N promo
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	ω So the new of the new
B. If amending the registered agent and/or registered office address here:	ss on our records, enter the name of the pas-
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
	. Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered

I hereby accept the appointment as registered agent and agree to are 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

Page 1 of 3

To:

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			D Add
			☐ Remove
			O Add
			□ Веточе
			□ Add
			□ Remove
			Remove
			□ Remove
			ດ້ວ ີ່ , ພ ———————————————————————————————————
			□ Remove

Article IV. Please update the address of member Ellis J. Parker	
2165 Ibis Isle Rd., Apt. 9, Palm Beach, FL 33480	
Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	than 90 days after
Dated September 21 , 2017	_

Page 3 of 3

Debbie Walker Typed or printed name of signee

Filing Fee: \$25.00