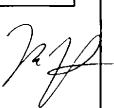
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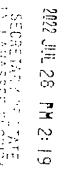
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07/28/22--01008--012 ++30.00



## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	BROOK No Name of Lin	りん 人ん C nited Liability Company	(L170002419	770)
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CHARL	ES <u>CUNN1</u> Name of Person	NGHAM	
	BROC	Firm/Company	1 /	a national and a
	POB	90 X / 7 / 7 4 Address	SECRETARY ALLAMASSES	
		FL 336 City/State and Zip Code		Ü
For further information co	E-mail address: ( FRAZIC  oncerning this matter, please of	ESCOLT 4 P.A. to be used for future annual report noti  RLANDCCCCCCI all:	OLOM +	
		- at ( <u>813)</u> <u>956</u> Area Code Daytime		
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	2-830.00 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)	

TO:

**Registration Section** 

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

BROOK NOW	4	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/70034</u> /	y were filed on <u>11/2</u> 1970	$\frac{27}{20/7}$ and assigned
This amendment is submitted to amend the following:	, ,	
A. If amending name, enter the new name of the limited liad 50) and		
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4	7 2
(Principal office address MUST BE A STREET ADDRESS)	v <u>*</u> .	
SAME	V	
		SS 28
Enter new mailing address, if applicable:	ν	11.
<u>(Mailing address MAY BE A POST OFFICE BOX)</u> 5 ਭ ਅ ਵੇ	<i>\\</i>	
5 AME	V	in D
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
JAMÉ	Enter Florida stree	t address
<u> </u>	<u></u>	, Florida Zip Code
Nav Bagistarad Agant's Signatura if abanging Dagistarad Agant	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	ALAN NOFRAZIER	7219 N 40THST TAMPA, FL 33604.	_18Add {
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