

617000242016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900410816309

06/20/23--01041--025 **60.00

REC'D
20 PM 9:51
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
06/20/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSII, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA CARR
Name of Person

TUSII, LLC
Firm/Company

2950 W CYPRESS CREEK RD STE 101 # 1215
Address

FORT LAUDERDALE, FL 33309
City/State and Zip Code

info@tusii.me
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA CARR at (954) 696-1639
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

RECEIVED
TALLAHASSEE, FL
JAN 20 PM 9:51

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BROWN ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/13/2016 assigned
Florida document number L17000242016

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TUSII, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

2950 W CYPRESS CREEK RD
STE 101 # 1215
FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 W CYPRESS CREEK RD
STE 101 # 1215
FORT LAUDERDALE, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AMANDA CARR

New Registered Office Address:

2950 W CYPRESS CREEK RD STE 101 # 1215

Enter Florida street address

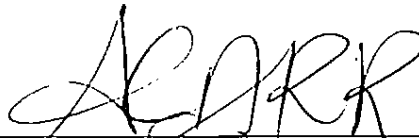
FORT LAUDERDALE Florida 33309

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 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>	<u>Address</u>	<u>Type of Action</u>
President	AMANDA CARR	2950 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		STE 101 #1215	<input type="checkbox"/> Remove
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 JUL 20 PM 9:51
CLAY COUNTY STATE
TREASURER'S OFFICE
GAINESVILLE, FL

2000 JUN 20 PM 9:51
CLERK OF STATE
TAMPA, FL

RECEIVED
JAN 120 PM 9:51
FLORIDA STATE
UNIVERSITY, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 14, 2023

 re of a member or authorized representative

Signature of a member or authorized representative of a member

AMANDA CARR

Typed or printed name of signee