

LIB000013473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

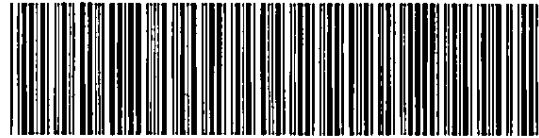
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JAN 22 AM 9:44

D BRUCE  
JAN 28 2019

**Terry J. Lundgren**  
**1538 North Casey Key Road**  
**Osprey, FL 34229**  
**646-831-1700**

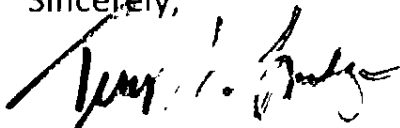
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my completed Article of Amendment form to change the name of my current Brown Pen, LLC to Brown Pen Investments, LLC. I am also enclosing a check payable to the Florida Department of State in the amount of \$25.00 for the filing fee.

Please feel free to contact me at the number above with any questions.

Sincerely,



Terry J. Lundgren

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CLERK OF COURT  
JAN 22 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Brown Pen, 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:

Terry J. Lundgren

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8388 S. Tamiami Trail, Suite 221

\_\_\_\_\_  
Address

Sarasota, FL 34238

\_\_\_\_\_  
City/State and Zip Code

terryj323@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Cirillo

646

4296999

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

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

Brown Pen, 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 January 16th, 2018 and assigned  
Florida document number L18000013473.

This amendment is submitted to amend the following:

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

Brown Pen Investments, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

1538 North Casey Key Road

Osprey, FL 34229

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8388 S. Tamiami Trail

Suite 221

Sarasota, FL 34238

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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MILWAUKEE COUNTY  
CLERK OF COURT

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2018 JAN 22 AM 9:44  
FBI - NEW YORK

**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 January 16, 2019

Signature of a member or authorized representative of a member

Terry J. Lundgren

Typed or printed name of signee