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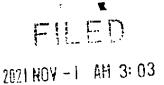
COVER LETTER,

TO: Registration Section Division of Corporations
SUBJECT: BROCKMAN ENTERPRISE GROWP 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:
Serena Brockman Name of Person
Brockman Enterprise Group LLC
350 SE 2ND AVE.
South Bay; FL 33493 Chy/State and Zip Code brockmanenter prisegroup @ amail (pin) E-mail address: (to be used for future, annual report notification)
For further information concerning this matter, please call:
Tohn Brockman at 561, 932-8114 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S50.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
(dominal of), and

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



The Articles of Organization for this Limited Liability Company were filed on 3/22/2018Florida document number <u>L/800007495</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

_, Florida ___

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
MBR	Serena Brockm	350 SE 2nd Ave. an South Bay, FL 3349	3 Andd
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
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			□ Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
*	
	
(If an effect Note: If	date, if other than the date of filing:
cord is filed	
Dated <u>(</u>	October 28 . 2021.
	John Brockman Signature of a member or authorized representative of a member
	Tohn Brockman Typed or printed name of signee

Filing Fee: \$25.00