L18000099890

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R. HUNT

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: The Brown Over Name of Limited	en and co U	<u></u>
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.	
Please return all correspondence concerning this matter to the	he following:	
Anamaris	Sanchez. Name of Person	
The Brow	Sim/Company	
9529 SW	ddress	2022 SEP -6 PH 12: 07
	FL 324608 City/State and Zip Code	100 PM 12: 07
E-mail address: (to be	12 0990 © OUT (C) e used for future annual report notification)	ok. com
For further information concerning this matter, please call:	•	
Phamaris Sanchez Name of Person	at (777) 276 - O2 Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee \$\int \text{2} \\$30,00 Filing Fee & Certificate of Status	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 Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on OH 20 2018 and assigned.

Florida document number L800009890

This amendment is submitted to amend the following:

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

The Brown Over and Co. Li.

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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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> Fitle</u>	<u>Name</u>	Address	Type of Action
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ffectiv	e date, if other than the date of filing: 9112022 (optional)		
<u>Note:</u> 1:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not not seffective date on the Department of State's records.	t to 605.0 be listed	207 i Las i
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.	ay after t	the
d is file			

THE CAROL