## L18000163967

(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

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### COVER LETTER

TO: Registration Division of C			
SURJECT. Donn	a M. Brown, LLC		
5616ECT		a Limited Liability Compan	y
		fee(s) are submitted to c or Business Entity" in a	
Please return all cor	respondence concerni	ng this matter to:	
Donna M. Bro	wn [		
Rubric PLLC	Contact Person		
	Firm/Company		
158 Seville Ch			
Winter Springs	Address FI 32708		
	City, State and Zip Code	<u> </u>	
E-mail address: (to	esq@gmail.cor  be used for future annual  ion concerning this m	report notification)	
Donna M. Bro	wn	at (321) 24	5-9262
Name of Contact I	Person		ytime Telephone Number
Enclosed is a check	for the following amo	ount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee. Certified Copy, and Certificate of Status
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32.	tions ter Circle	MAILING Registration Division of GP. O. Box 63 Tallahassee,	Section Corporations 327
CR2E106 (05/17)			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2019

DONNA M. BROWN 158 SEVILLE CHASE DRIVE WINTER SPRINGS, FL 32708

SUBJECT: DONNA M. BROWN, LLC

Ref. Number: L18000163967

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 619A00008365

2019 MAY 10 PM 2:38

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2019

DONNA M. BROWN 158 SEVILLE CHASE DRIVE WINTER SPRINGS, FL 32708

SUBJECT: DONNA M. BROWN, LLC

Ref. Number: L18000163967

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 419A00007348

RECEIVED

2019 APR 25 F

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

2019 MAY 10 PM 6:55

(A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on
Florida document numberL\800016394	•1.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Bubric PLLC	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	J. Scott Morris
New Registered Office Address:	158 Seville Chase D.  Enter Florida street address
	Nurve Springs , Florida 32708 Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

if amendir or remove	ig Authorized Person(s) authorized to defend to the from our records:	to manage, enter the title, name, and address of each person being added	
MGR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
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			☐ Remove
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	· .	normation, en	iter change(s) i	tere: (Attach additional sheets, if necessary.)
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	Operat	ng Agi	ement	hereby states:
		The T	_sogum	of the Company is to practice
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			-	y all activities necessary or
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	date, if other the	date must be spec	rific and cannot be p	pdor to date of filing or more than 90 days after filing.) Pursuant to 60:
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Filing Fee: \$25.00