## 118000172420

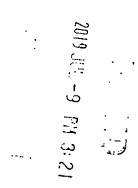
(Re	equestor's Name)	
(Ac	ldress)	
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SI D II	CT:	3 NATIVES BROWAR	D, LLC	
SUBSE		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
Please	return all correspo	ondence concerning this matter	to the following:	
		FRANK P. BARRELLA S	SR.	
			Name of Person	<del></del>
		3 NATIVES BROWARD.	LLC	
			Firm/Company	
		PO BOX 2455		
			Address	
		JUPITER, FL 33468-2455		
		JUPITERFPB@GMAIL.CO	City/State and Zip Code	
		· ·	to be used for future annual report notif	ication)
For fur	her information c	oncerning this matter, please ca	all:	
FRAN	K P. BARRELLA	SR.	561 252-7540 at ()	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

2019 JUL -9 PH 3: 21

3 NATIVES BROWARD, 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 Con	npany were filed on $\frac{07/18/2}{}$	018 a	and assigned
Florida document number L18000172420	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	····	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		r records, enter the i	imme of the nev
New Registered Office Address:			
	Enter Florida s	tr <del>eet address</del>	
<u> </u>	Citv	, Florida Zir	Code
New Registered Agent's Signature, if changing Registered A	-	24	Code
	<del></del>		,
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my o nt as provided for in Chap	duties, and I am famili oter 605, F.S. Or, if thi	ar with and s document is
	If Changing Registered Agent,	Signature of New Registers	ed 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>	Type of Action
AMBR	PATRICIA L. BARRELLA	28 MOCCASIN TRAIL N. JUPITER, FL 33458	₽ Add
			Remove
			☐ Change
			Remove
		<del></del>	Change
	<del></del>		
			☐ Remove
			☐ Change
			□ Add
			П Remove
			🗖 Change
	-		Add
			П Remove
			☐ Change
			□ Remove
			☐ Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
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	, #v-uv	
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		<del></del>
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4		
	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to $\epsilon$ block does not meet the applicable statutory filing requirements, this date will not be li	
the record specifies a delayed The 90th day after the re	red effective date, but not an effective time, at 12:01 a.m. on the ear ecord is filed.	rlier of
JULY 8TH	2019	
<del> </del>	Signature of a member or authorized representative of a member	
FRANK P. BARRELI	I A SR	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00