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Office Use Only



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SECRETARY OF SHARM
TALLAHASSEE, FLORIDAD

18 OCT 29 AMID: 24

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COVER LETTER

| TO: Registration Sec Division of Cor | | | | | |
|---|---|---|--|--|--|
| SUBJECT: | Brower | | | | |
| Name of Limited Liability Company | | | | | |
| | | | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | |
| | Kathry | Name of Person | | | |
| | ASBrow | ter UC | | | |
| | | Firm/Company | | | |
| | 5830 NU | 0 37th Ave | | | |
| | | Address | | | |
| | <u>Coconut c</u> | City/State and Zip Code | 513 | | |
| | E-mail address: (1 | o be used for future annual report notifi | cation) | | |
| For further information co | oncerning this matter, please ca | ill: | | | |
| Kathry | n Brawer | - al (954) \$5 | FP00 -1 | | |
| Name of | Person | Area Code Daytime | Telephone Number | | |
| | | | | | |
| Enclosed is a check for th | e 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, FL 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

| & SBrower | | ₩s → |
|--|--|---|
| (Name of the Limited Liability (A Florida I | y Company as it now appears on our records.) Limited Liability Company) | 60 TO |
| The Articles of Organization for this Limited Liability Co | ompany were filed on $Q - Q - 8 $ | TASSES AND THE DESTRUCTION OF THE PERSON OF |
| This amendment is submitted to amend the following: | | MII: 24 EFELORIO |
| A. If amending name, enter the new name of the limit | ted liability company here: | * |
| | wer icc | |
| The new name must be distinguishable and contain the words "Limite | ted Liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| | | |
| 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 addre | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zin 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> | Address | Type of Action |
|--------------|-------------|----------|----------------|
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| D. If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------------------|---|
| · A | egistration # 618000113282 |
| <u> </u> | EI#: 83-2005/SiQ |
| · · · · · · · · · · · · · · · · · · · | -11ed 10/18/18 |
| <u>+</u> | |
| <u>-t</u> - | ictitious name: Karthryn brower VA |
| <u> </u> | reeds to go under the new IC name |
| | reeds to go under their new LC name as well- Kathain Sonora Brower LC. |
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| E. Effective | date, if other than the date of filing: $10-20-18$ (optional) |
| (If an effect | ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| | t's effective date on the Department of State's records. |
| If the reco | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | Oth day after the record is filed. |
| Dated(| DC+ 7101 7018 |
| Dated | |
| | Signature of a member or authorized representative of a member |
| | |
| | Kathryn Brower |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00