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## **COVER LETTER**

ΤO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

SUBJECT:	+ Brothers La	od Developme	n+ LLC
	Correct Sp.	nd Developme ited Liability Company elly of the 1	Venc
	Amendment and fee(s) are sub-		- , -
Please return all correspo	ndence concerning this matter	to the following:	
	SJ& BA		evelopment LLC
	Panama Ci	Address  Address  Address  A J 4 J 1  City/State and Zip Code  LES G Y 2 4 0 0 , Co  to be used for future annual report notifi	
For further information c	oncerning this matter, please ca	all:	
Jerem	f Person	at ( <u><b>850</b></u> ) <u>774</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

(Name of the Limited Liability Compan (A Florida Limited L		<u> </u>
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 4/8000255733.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
STA Brothers Land Dev The new name must be distinguishable and contain the words "Limited Liabili	clopment LL	<u></u>
The new name must be distinguishable and contain the words "Limited Liabili	ity Compahy," the designation "LLC" o	
Enter new principal offices address, if applicable:		₽ E T .
(Principal office address MUST BE A STREET ADDRESS)		第 7 元
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		30 ep 0
37		0841 0841
Enter new mailing address, if applicable:	···	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· ·
B. If amending the registered agent and/or registered off		enter the name of the 1
registered agent and/or the new registered office address here	<b>:</b>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip 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 t 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		elayed effective ne record is filed		an effective	e time, at	12:01 a.m. (	on the	earlie
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		ignature of	member or autho	rized representat	ve of a memi	ner		
-		Signature of a		r				

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Filing Fee: \$25.00