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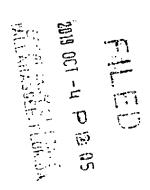
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT: SA	RA BROOKE Name of Limi	ted Liability Company	,, ,, , , , , , , , , , , , , , , , ,
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SARA C	BROOKER Name of Person	
	SARA BROOK	Firm/Company	
	7804 FUA WG	Address	
	Ft. Pierce	FC 3495) City/State and Zip Code	
		PA @ 9Ma1 CO	rication)
For further information	concerning this matter, please ca	ill:	
SARA	BROOKER	at (772) 940 Area Code Daytime	- 7859
Name	of Person -	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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

TO:

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

SARA BROCK (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Articles of Organization for	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name of the liability of the new name of the new name of the liability of the new name of the new	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4901 Seggrape Drive Fort Pierce, FL 34982
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4401 Sea grape Drive Fort Pierce, FL, 34987
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	Enter Florida street address City 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 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
			Add
			□ Remove
			☐ Change
			□ Add
		□ Remove	
			☐ Change
			□ Add
		 	☐ Remove
			☐ Change
		□ Add	
		□ Remove	
		☐ Change	
		Add	
		Remove	
		□ Change	
			□ Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	00tober 15t, 2019.
	Da- Fran
	Signature of a member or authorized representative of a member
	SARA BROCKER Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00