

L190000 27758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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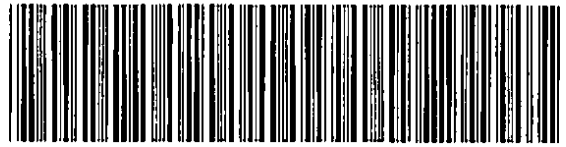
(Business Entity Name)

(Document Number)

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2019 MAR 11 AM 10:45
TOLAHASSEE FLORES

MAR 22 2019
McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMANDA BROOKES DESIGNS, LLC
Name of Limited Liability Company

2018 MAR 11 AM 10:45
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA PENZA

Name of Person

AMANDA BROOKES DESIGNS, LLC

Firm/Company

210 MURRAY CT

Address

JUPITER, FL 33408

City/State and Zip Code

AMANDABROOKESDESIGNS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA PENZA 609 381 3330
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AMANDA BROOKES DESIGNS, 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 Company were filed on 01/28/2019 and assigned

Florida document number L19000027758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMANDA PENZA	642 PILOT RD	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL. 33408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KRISTEN LUCOV	940 EVERGREEN DRIVE	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL. 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	PATRICE PENZA	2442 SAN PIETRO CIR	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL. 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTINI & MARTINI CPA	1135 CHESTNUT AVE	<input type="checkbox"/> Add
		VINELAND, NJ. 08360	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 10, 2019

Typed or printed name of signee