

L190000 81502

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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19 MAY -6 PM 3:23  
CLERK OF COURT  
JANUARY 1, 2019  
JANUARY 1, 2019

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MAY 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2019

EARLE BROWNE  
9094 SW 39TH ST  
MIRAMAR, FL 33025

SUBJECT: BROWNE STRATEGIC INVESTMENTS LLC  
Ref. Number: L19000081502

We have received your document for BROWNE STRATEGIC INVESTMENTS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 319A00007473

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BROWNE STRATEGIC INVESTMENTS LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

EARLE E. BROWNE

\_\_\_\_\_  
Name of Person

BROWNE STRATEGIC INVESTMENTS LLC

\_\_\_\_\_  
Firm/Company

9094 SW 39TH ST

\_\_\_\_\_  
Address

MIRAMAR/FLORIDA/33025

\_\_\_\_\_  
City/State and Zip Code

EARLEBROWNE@GMAIL.COM

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

For further information concerning this matter, please call:

EARLE E. BROWNE

305 302-7800  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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  
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**

**BROWNE STRATEGIC INVESTMENTS 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 03/25/2019 and assigned  
Florida document number L19000081502.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*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>
MGR	EARLE E. BROWNE	9094 SW39TH ST MIRAMAR, FLORIDA. 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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19 MAY - 8 PM  
FILED  
MAY 19 1964  
FBI - MIAMI  
FLORIDA

N/A

Dated 22<sup>nd</sup> April 2019.

**Filing Fee: \$25.00**