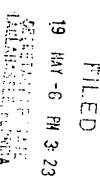
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(Add	dress)	
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(City	//State/Zip/Phone #	_
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doo	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
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O SIMMON



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.

Letter Number: 319A00007473

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	BROWNE	STRATEGIC INVESTMENT	S LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence 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/33	3025	
			City/State and Zip Code	
		EARLEBROWNE@GMA		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	formation co	oncerning this matter, please co	all:	
EARLE E. B	ROWNE		305 302-7800 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	ling 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:

TO:

Registration Section

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 INVEST:			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on 03/25/201	9 and assigned
Florida document number L19000081502	•		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
N/A			7.0 5
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	經真型
Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	o III
			<u> </u>
			3: 23
Enter new mailing address, if applicable:		N/A	ν ω
Mailing address MAY BE A POST OFFICE	BOX)		
			······································
) If		CC 1.1	d
 If amending the registered agent and/ egistered agent and/or the new registered of 			ecords, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t 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>	Type of Action
MGR	EARLE E. BROWNE	9094 SW39TH ST MIRAMAR, FLORIDA, 33025	Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add.
		 	Remove
			PH DyChange
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			
			☐ Remove☐ Change

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Effec	tive date, if other than the date of filing: (optional)
(If an e	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	5 year day area are record is med.
	.1
) Th	22nd April , 2019.
	1 22nd April . 2019.
) Th	22 nd April . 2019. Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00