L19000082537

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(//	uicss)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(<u>R</u> u	siness Entity Name	
(80	siness Entity Name	,
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		i
		ļ

Office Use Only



300370602633

07/27/21--01021--025 **30.00

FILEU 1021 JUL 27 PM 2:08 SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor				•	
Brok Mends SUBJECT:	e LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	Richard Mende				
		Name of Person			
	Brok Mende LLC				
		Firm/Company		-	
	1320 N Liberty St			2021, SECR	
		Address			71
	Jacksonville, FL, 32206			27 [] []	
	hi@friendsoffriendsrecordin			2021 JUL 27 PM 2: 08 SECRETARY OF STATE TALLAPTISSIFE. FI	M
Use firebue information o	E mail address: (to be seed in Cittire annual report notif off-	lication)	08 80	
	oricerning this matter, prease c				
Brok Mende		312 678 - 1547			
Name o	f Person	Area Code Daytime	e Telephone Number	r	
Enclosed is a check for the	he following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec			
Division of C	orporations	Division of Cor	porations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brok Mende LLC		
(Name of the Limited Liability Compa (A Florida Limite II	ny as it now appears on our reco liability Company)	ords.)
he Articles of Organization for this Limited Liability Company	were filed on <u>03/25/2019</u>	and assigned
forida document number L19000082537		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	lity company here:	
riends Of Friends Recording, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		2021 SECS
Principal office address MUST BE A STREET ADDRESS)		
	 	2 2
		S P M
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	ddware an our resorde ant	or the nume of the new registe
. It amending the registered agent and/or registered office a gent and/or the new registered office address here:	luaress on our records, <u>em</u>	er the name of the new registi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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>	Address	Type of Action
MGR	DeAnna Doersch	1320 N Liberty St	= Add
		Jackosnville, FL 32206	Remove
		·	□Change
			□Add
			SS Remove
			27 DAdda 2: 08 Remove
			— □ Change
			□Add
			🖸 Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

						_
	<u> </u>					_
			<u>.</u>			_
						_
		<u> </u>				-
					_	_
				3	20	_
		-		FAL!		المائد
	<u> </u>			AT SSEE FI	2	-
				- SS	-P	l- []]
				1.S. 1.	5	j
	· · 	·			80	-
						-
						-
						_
ective date, if other than the	late of filing:		(opti	onal)		
Tective date, if other than the n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be pri	or to date of filing or m icable statutory filin	ore than 90 days after g requirements, thi	rilling.) Pu s date wil	rsuant to 60 I not be lis)5.0207 sted as
cument's effective date on the De						
ecord specifies a delayed effective	date, but not an effective	tinie, at 12:01 a.m.	on the earlier of: ()	i The 9)th day aft	er the
is filed.				,	•	
July 19th ted	2021					
	Bil	<u> </u>				
	2 / 1/1/01					

Filing Fee: \$25.00