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## **COVER LETTER**

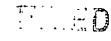
TO: Registration Section Division of Corporations
SUBJECT: Browning Empire, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Curtis R Browning Name of Person
Browning Empire, LLC Firm/Company
4230 canden Road
City/State and Zip Code  browning home access ories e grail. con  E-mall address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Curtis R Browning at (BSC) 545 - 5219  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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



		Or		
Browning (Name of the Lin	moire,	uc	2019 JUL 17	PH 1:53
(Name of the Lin	nited Liability Con (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)	
The Articles of Organization for this Limited			/	,
The Articles of Organization for this Limited	Liability Compa	iny were filed on $\frac{9}{2}$	19_	and assigned
Florida document number _ L 190000 90	0466			
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited li	ability company here:		
Browning Home The new name must be distinguishable and contain the	words "Limited Lie	ability Company " the designation	on "LLC" or the abbre	viation "L.L.C."
		,		
Enter new principal offices address, if app	licable:	N/A		<del></del>
(Principal office address MUST BE A STRE	<u>EET ADDRESS)</u>			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFIC	E BOX)			
	<del></del>			<del> </del>
B. If amending the registered agent an	d/or registered	office address on our r	ecords, enter th	e name of the nev
registered agent and/or the new registered	office address h	<u>iere</u> :		
Name of New Registered Agent:	NA			
New Registered Office Address:	N/A			
New Registered Office Address.		Enter Florida stree	et address	
			Florida	
		City	, rioriua	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 Type of Action **Address** Title Name | \_□ Add ☐ Remove \_□ Change □ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add □ Remove □ Change □ Add ☐ Remove \_\_\_\_\_ Change ☐ Remove

\_\_ Change

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fan ef <u>Note:</u>	ive date, if other than the date of filing: 7/12/2019 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent'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 o 90th day after the record is filed.
Dated	07/12 2019
	Signature of a member or authorized representative of a moniber

Page 3 of 3

Filing Fee: \$25.00