## L19000153587

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co					
Brown Pro	operties & Investments PLLC	<b>.</b>	•		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Ray J Brown				
		Name of Person			
		Firm/Company			
	12314 Dora Trl				
	Parrish, FL 34219	Address			
		City/State and Zip Code			
	mrrjbrowne@aol.com	to be used for future annual report notif	Continu		
For further information	concerning this matter, please c		(Realion)		
Ray J Brown		727 204-5054 at ()			
Name	of Person	Area Code Daytime	e 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 Address:

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

Brown Properties & Investments PLLC	nnany as it now uppears on our records	<del></del>
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 06/10/2019	and assigned
Florida document number 1.19000153587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Ray J Brown LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	bbreviation "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)		
Multing address MAT BE A POST OFFICE BOA		· ·
B. If amending the registered agent and/or registered offic	ce address on our records, enter the nat	ne of the new regist
agent and/or the new registered office address here:	te address on our records, enter the nar	in or the dew region
		. •
Name of New Registered Agent:		
		5
New Registered Office Address:	Enter Florida street address	1. (5) (6)
		O.
	Florida City	Zip Code
	1/411	easter to contin

## 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 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
			□Remove
			☐ Change
<del></del>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Note: If	date, if other than the date of filing:
the record : cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	March 10 2021
	Signature of a member or authorized representative of a member
	Ray Brown
	Typed or printed name of signee