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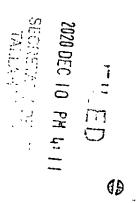
| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Co | rporations | | |
|-----------------------------|---|---|--|
| . 14 1 55 6 4 1 6 1741 | n Holdings XI, LLC | | 1 |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kristin Brown | | |
| | | Name of Person | |
| | MK Brown Holdings XI, | LLC | |
| | | Firm/Company | |
| | 3322 SE Gran Park Way | | |
| | | Address | |
| | Stuart, F1, 34997 | | |
| | | City/State and Zip Code | |
| | kbrown@mkbrownholding | s.com to be used for future annual report no | |
| Car further information | n-mail address: i concerning this matter, please c | · | uncation) |
| | toncerning this matter, prease c | | |
| Kristin Brown | of Person | 772 362-9500 at () Area Code Daytii | (0.1.1 |
| Name (| of Person | Area Code Daytii | ne Telephone Number |
| Enclosed is a check for t | he 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 Addres Registration | | <u>Street Address:</u> Registration So | ection |
| Division of C | lorporations | Division of Co | rporations |
| P.O. Box 633 | <u>.</u> / | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| | ity Company as it now appears on our records.) a Limited Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability C Florida document number <u>L1900018U</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | ited liability company here: |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the abbreviatio 23L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDI | RESS) |
| | C ; - |
| | i i i i i i i i i i i i i i i i i i i |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, <u>enter the name of the new registerec</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registere | d 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 | Kristin Brown | 3322 SE Gran Park Way | ■Add |
| | | Stuart, F1, 34997 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| Solute: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after 13 is filed. December 3 2020 | | | |
|--|----------------------------|--|--|
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| Dated December 3 . 2020 | | | |
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| ated | | J effective date, but not an effective time, at 12:01 a.m. on the earlier of | of: (b) The 90th day after the |
| V() I Y | ated December 3 | 2020 | |
| Signature of a member or authorized representative of a member | | Signature of a member or authorized representative of a member | |
| Vácu Roman | | Vácu Am | |

Filing Fee: \$25.00