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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CUBICAT	Brown Con	struction Group, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	_		
		William P. Brown			
			Name of Person		
		Brown Construction Mana	igement, LLC		
		-	Firm/Company		
		9525 SW 78th Street			
			Address		
		Miami, Florida 33173			
		 	City/State and Zip Code		
		wpbrown@buildbrown.com			
For further in	nformution c	E-mail address: (oncerning this matter, please c	to be used for future annual repor	1 notification)	
William P. E		2	305 562-96	00	
		f Person	at ()	aytime Telephone Number	
	(vaile o	er erson	Mea code Di	ayunge receptione rounder	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re	iling Addres gistration S	Section	Street Addre Registration	Section	
		orporations 7		Corporations of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brown Construction Group, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000186667</u>	y were filed on 7/19/20]	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Brown Construction Management, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	tion "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our record	
	Emer Piorida Mi	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my a provided for in Chapi	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
			🗆 Add
			□Remove
			☐ Change
			□Remove :
			□Change
			DAdd
			Remove
			□Change
			□Add
		Remove	
			☐ Change
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Filing Fee: \$25.00