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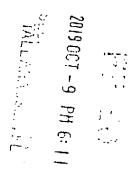
(Requestor's Name)
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COVER LETTER

Div	ision of Corp	porations						
SUBJECT:	Brock Deel	, LLC						
SUBJECT:		Name of Limi	ted Liability Company					
The enclosed	d Articles of z	Amendment and fee(s) are subt	nitted for filing.					
Please return	i all correspor	ndence concerning this matter (to the following:					
		Chris Russell						
			Name of Person					
		Chris Russell & Company	PLLC					
	Firm Company							
	9133 RG Skinner Parkway Suite 4							
			Address					
		Jacksonville, FL 32256						
		staff@crcocpa.com	City State and Zip Code					
		E-mail address: (t	to be used for luture annual report notifi	cation)				
For further i	nformation co	oncerning this matter, please ca	all:					
Chris Russ	_		904 862-6119 at ()	Telephone Number				
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclosed is	a check for th	ne following amount:						
\$25.00 1	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 OF

Brock Deel, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>v as it now appears on our records.</u>) ability Company)	
he Articles of Organization for this Limited Liability Company valorida document number L190002000098	vere filed on 08/06/2019	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		
	:	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here Name of New Registered Agent:		the name of the
New Registered Office Address:		
	Enter Florida street address	
	, 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
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
		-	□ Remove
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