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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER OCT 25 2019

## **COVER LETTER**

·»,

Registration Section
Division of Corporations

TO:

SUBJECT: Brou	un's Tractor Name of Limi	Backhoe Servi	cesllC
	mendment and fee(s) are subsidence concerning this matter	_	
	Math	ew Wayne B	Drown_
	Brown's Tr	actor Backhoe	Services LLC
	7421 T.L	. Cline Rd.	
		Florida 34 Chy/State and Zip Code	
	Kbwb 3478 E-mail address: (1	Seaol.com o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
Mothew Li	Dayne Brown Person	at (352) 516 - Area Code Daytime	2153 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)
Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN'S TRACTOR (Name of the Limited Lie	BACKHOE SERVICES LLC ability Company as it now appears on our records.) orida Limited Liability Company)	_
(AF)	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 9/17/19 an	d assigned
Florida document number <u>L 19000234 L</u>	<u>540</u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation	m "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX	2	<del></del> .
		•
		P.
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, enter the haddress here:	ime of the new
Name of New Registered Agent:	ِينَ الله	- TT
New Registered Office Address:	-T	早至 口
	Enter Florida street address	5.5
	Florida Zip 0	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
MGR	Mathew Wayne Brown	7421 TL Cline Rd	<b>S</b> Add
	·	7421 TL Cline Rd Groveland, Florida 3473	D Remove
			Change
		<del> </del>	Remove
			Change
		<del></del>	
			Remove
			Change
			Add
			Remove
			Change
	<del> </del>		🗆 Add
			□ Remove
			Change
			🗀 Add
			□ Remove
			☐ Change

(If an <u>No</u>	ective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Da	ed Oct. 3 2019
	Mathelaun Brown

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Filing Fee: \$25.00