19 000 278 932

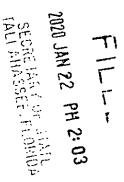
(Requestor's Name)
(Address)
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(Document Number)
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Amend

JAN 24 2020 I ALBRITTON

COVER LETTER

Division of Cor			
SUBJECT:	AYY BYOW Name of Lin	IN LLC	
	\ 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:	
	Garfi	eld Evour)
	GAry	Name of Person Byown LL Firm/Company	<u>.</u>
	<u> </u>	N.W. 91	Terr
	TAMA	City/State and Zip Code 2 Ry b @ Me · Co (to be used for future annual report not)	33321
	E-mail address: (LRYB & ME · CO	dication)
For further information c	oncerning this matter, please c		
Caffel 6	Byown f Person	at (<u>454</u>) <u>770</u> Area Code Daytim	- 4041 te Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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

RECEIVED

DEC 0 9 2019



January 11, 2020

GARFIELD BROWN 8203 NW 91 TERR TAMARAC, FL 33321

SUBJECT: GARY BROWN LLC Ref. Number: L19000278932

We have received your document for GARY BROWN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00000807

Irene Albritton Regulatory Specialist II

2020 J. 22 MH 8: 48

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(JAYY	Brown 1.	L.C	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on o la Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L 1900</u> 2789	Company were filed on11-	-08-19	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designat	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		_2
			020
		200 TO	₹ <u> </u>
Enter new mailing address, if applicable:		\$50	22
(Mailing address MAY BE A POST OFFICE BOX)		in the	- III
	· 		22
		—————————————————————————————————————	<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, enter the name of	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		Florida	
	City		Cip 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 renewed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GARFIELD BROWN	8203 NW 91 TeN TAMAVAC F1 33321	X Add
		14Mavac F1 33321	□Remove
			□Change
			□Add
			□Remove
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D. If am	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	e date, if other than the date of filing:	(3)(b the
If the record record is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1.	
Dated ,	12-05-19	
	Signature of a member or authorized representative of a member Garfield Brown Typed or printed name of signer	
	Signature of a member or authorized representative of a member	
	GATHELO DVOWN	

Filing Fee: \$25.00