L20000084120

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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LLC N/c Amend

07/05/23--01014--024 **25.00



A. RAMSEY AUG 1 1 2023

COVER LETTER

TO:

	Registration Sec Division of Corp		•	
el:D 167	C C	LUB BROWS, LLC		
SUBJEC	.l:	Name of Limi	ited Liability Company	•
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Elizabeth		
			Name of Person	
			Firm/Company	
929 Eucalyptus Road				
			Address	
North Palm Beach, FL 33408				
			City/State and Zip Code	
		eadamsconsulting E-mail address: ((a yahoo.com) to be used for future annual report notification)	
For furth	ner information co	oncerning this matter, please ca		
Eliz	abeth Adams		at (561)512,0941	
	Name o	f Person	at ()	Number
Enclosed	d is a check for th	ne following amount:		
মি \$25	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations	
	P.O. Box 632		The Centre of Tallahasses	
	Tallahassee, l	HL 32314	2415 N. Monroe Street, S	inte 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL -5 AM 11: 48

		2020 00	
CLUB BROWS, LLC		r ···	MEY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app Jability Company	ears on our record	Masee, et ovië :
The Articles of Organization for this Limited Liability Company Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u> EADAMS, LLC	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," th	e designation "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 a agent and/or the new registered office address here:	iddress on oui	records, <u>enter</u>	the name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street addre.	ss
·		. F i	orida
	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:

	1CR =	Manager	
14	KOIK –	Manager	
A	MBR =	Authorized Member	

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
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		-
		-
		<u>.</u>
Note: If the date inserted in the	n the date of filing:	5.0207 (3) ed as the
the record specifies a dela) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlied record is filed.	er of:
Dated JUNE 29	. 2023	
<u> </u>	Clizabeth Adams Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	ELIZABETH ADAMS	
	Typed or printed name of signee	

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Filing Fee: \$25.00