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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TO: **Registration Section Division of Corporations**

Broardmor DEV, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua M. Mittenthal, Esq.

		Name of Person	
	Mittenthal Weinstein LLP		2020 UL -6
		Firm/Company	
	3100 S. Federal Hwy., Ste	. В	· · · · · · · · · · · · · · · · · · ·
	Delray Beach, FL 33483	Address	PH 3: 42
		City/State and Zip Code	D
	mittenthal@mw-attorneys.		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Joshua M. Mittenthal, Es	iq.	56) 862-0955 at ()	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ю following anюunt:		
■ \$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)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C	•	Division of Cor	•
P.O. Box 632	1	The Centre of T	allahassee

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broardmor DEV, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>June 19, 2020</u> and assigned Florida document number <u>L20000171550</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Broadmor DEV, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	20 B
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>ب</u> ب

B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name_of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

City

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

Zip Code

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

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated June 26	2020	
Daied	·	
(VI		
1	Signature of a member or authorized representative of a member	
Peter Mead		
	Typed or printed name of sumee	

Typed or printed name of signee