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A. RIVERS MAR 1 3 2023

COVER LETTER

	7	116			
SUBJECT:	Browner				
	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subi	nitted for filing.			
Please return all correspoi	ndence concerning this matter t	to the following:			
		\			
		Same of Person			
		Name of Person			
	3	rowner LL(
		Firm/Company			
	2	1945 Bixayne Bh	i zas		
		Address			
	Micas	1 FL 33157			
	- intan	City/State and Zip Code			
	the h	TOWN COMPANY OF GO	villum		
	E-mail address: (i	to be used for future annual report nou	fication)		
For further information co	oncerning this matter, please ca	all:			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Name 0	T CISMI	, иси сом 132уи			
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 cupy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Addres	.s:	Street Address:			
Registration 5	Section	Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee.		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ficunt					
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Liab	as it now appears oility Company)	s on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>しんのむしり</u> を子	ility Company wo	ere filed on	606/20/40	o and assi	igned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liabilit	y company he	<u>re</u> :		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the de	esignation "LLC" or the a	abbreviation "L.	L.C."
		8270	Woodland 1	Contel B	olud
Enter new principal offices address, if applicah (Principal office address MUST BE A STREET		Famp	Woodlend 1 a FL 33412	r	
Enter new mailing address, if applicable:		8270	Woodina C	enter B1	vci
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Tompa	FL 33414		
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		dress on our re	ecords, <u>enter the na</u>	me of the nev	v registered
New Registered Office Address:		Enter Flor	rida street address		
			, Florida _	Zip Code	
		City			
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company.	agent and agree or and complete p wered agent as pr wegistered office a hange.	erformance of rovided for in C iddress, I herel	"my duties, and I an Chapter 605, F.S. O by confirm that the	infamilia Evil. Exifythis document of the second of the s	th and \ uments ity \(\begin{align*} \text{II} \text{II} \text{II}
	ri Cuang	The second contract of	<u></u>		

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>	<u>Address</u>			Type of Action
(E)	Jamie Brown	2045	Bleane	Bluck Bar	□Add
		2095 Milmi J	72 331	37	DRemove
					Change
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					□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note	tive date, if other than the date of filing:
the reco	ord 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 field.
Date	3/13/23
	Signature of a member or authorized representative of a member Ownie Birth
	Υ · · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00