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COVER LETTER

Division of Co			
SUBJECT: JOANNE	J. BROWN, PLLC		
30BHC1.		nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter	_	
	JOANNE J. BROWN		
		Name of Person	
	JOANNE J. BROWN, PL	LC	
		Firm/Company	 -
	5449 GRANDE PALM C	IR	
		Address	
	DELRAY BEACH, FI. 33	484	
	ibcalleflarida?@gmail.com	City/State and Zip Code	
	jbsellsflorida2@gmail.com E-mail address; (to be used for future annual report not	(lication)
For further information c	oncerning this matter, please c		
JOANNE J. BROWN		561 501-1563	
Name of Person		at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$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 Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOANNE J. BROWN, PLLC			
(Name of the Limiter	Liability Company as it now appears (V Florida Limited Liability Company)	on our records.)	·
The Articles of Organization for this Limited Lia Florida document number L20000249159	bility Company were filed on 08/14	1/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here	<u>e</u> :	
JO ANNE J. BROWN, PLLC			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the des	ignation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		1902 S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	AHASSEE, FL	EP 29 AM 10: 25
B. If amending the registered agent and/or reagent and/or the new registered office address	~	ords, <u>enter the name of</u>	
Name of New Registered Agent:	JO ANNE J. BROWN		
New Registered Office Address:	Enter Florid	a street address	
	City	, Florida 	p Code
New Registered Agent's Signature, if changing Re	egistered 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOANNE J. BROWN	5449 GRANDE PALM CIR	□Add
		DELRAY BEACH, FL 33484	■Remove
			□Change
AMBR	MBR JO ANNE J. BROWN	5449 GRANDE PALM CIR	
		DELRAY BEACH, FL 33484	□Remove
			□Change
			□Add
			☐Remove
			2Add 1
			□Add
			□Remove
			□Add
			□Remove
			□ Change

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ffective date, if other th	han the date of fil	ing:		(0	ptional)	
an effective date is listed, the lote: If the date inserted is	date must be specific a	and cannot be prior	r to date of filing o	or more than 90 days	after filing.) Pursuan	t to 605.0207 be listed as
ocument's effective date of	on the Department o	f State's record:		ing requirement	, this date will have	tre linted to
record specifies a delayed I is filed.	effective date, but r	ot an effective	ime, at 12:01 a.	m, on the earlier o	f: (b) The 90th di	ay after the
September 16		2020 /\	— <i>(</i>)			
		, \	(\prec)	a _		
	\ 1					
	Signature of	a member or aut	orized representa	tive of a member		_

Filing Fee: \$25.00