## L20 000313697

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	-			
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration S Division of Co		•	
REMOVI	OFFICER FROM LLC	e ja kan di kan di Manganan di kan di k	
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	EGLAND LYSEIGHT		
		Name of Person	
	BROWN DOOR AUTO L	LC	
		Firm/Company	
_	1293 NORTH UNIVERSI	TY DRIVE # 176	
		Address	
	CORAL SPRINGS FLOR	IDA 33071	
		City/State and Zip Code	
	BROWNDOORAUTO@G  E-mail address: (	MAIL.COM  to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
EGLAND LYSEIGHT		786 715-5927	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite \$10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN DOOR AUTO LLC				121	
( <u>Name of the Limited Liabil</u> (A Florid	ity Compa la Limited I	iny as it now appears on our records.) Clability Company)	 المديد	JAK	
The Articles of Organization for this Limited Liability C	Company	were filed on 10/05/2020		andassi	gned .
Florida document number 1.20000313697			14.4	PH 5:	ا المورية
This amendment is submitted to amend the following:				0	
A. If amending name, enter the new name of the lim	nited <u>liab</u>	ility company here:	•		
N/A					
The new name must be distinguishable and contain the words "Lir	nited Liabil	lity Company," the designation "LLC" or	the abbrev	iation "L.I.	C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		N/A			
		N/A			
		N/A			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)		N/A			
		N/A			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A	ed office a	address on our records, enter the	name of	the new	registere
N/A			NI/A		
N/A		, Florid	la	lip 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 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
MRS	GILLIAN LYSEIGHT	1293 N UNIVERSITY DRIVE #176	[]\/dd
		CORAL SPRINGS FL. 33071	■Remove
			Change
	<del></del>		□ Add
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			□Add
			Remove
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			□Change

Evped or printed name of signee