Page: 2 of 5

2022-05-04 16:01 22 CST

12122023573

5/4/22, 5:59 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000162236 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Cor	۱pı	orations
	Fax Number	;	(850)617-6383
From:			
			C T CORPORATION SYSTEM
	Account Number	:	FCA00000023
	Phone	:	(954)208-0845
	Fax Number	:	(614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

25 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2022 MAY - 5 ÷ MARY A. BROWN APT. LLC 5 Certificate of Status 2022 MAN -- 5 0 Certified Copy 1 PH I: L Page Count 04 Estimated Charge \$55.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARY A. BROWN APT. LLC		
(Name of the Limited Liability Company us it n (A Florida Limited Liability C	tow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fil Florida document number <u>L20000346185</u>	led on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability cor</u> Mary Alice Brown Manager LLC	<u>mpany here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u></u>
Enter new mailing address, if applicable:		, ,
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	

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

Name of New Registered Agent:	C T Corporation System	HAY -
New Registered Office Address:	1200 South Pine Island Road	5 P
	Enter Florida street address Plantation,	33324
	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.

C T Corporation, by Kaity Toon

If Changing Registered Agent, Signature of New Registered Agent

To:	+1	85061	76383	
-----	----	-------	-------	--

2022-05-04 16:01:22 CST

12122023573

From: Lexus Wingo

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

•

Title	Name	Address	Type of Action
<u> </u>			🗆 Add
			
		<u> </u>	🗆 Add
			Change
	<u> </u>		🗋 Add
			🗆 Change
			🗆 Add
			🛛 Remove
			□Change
			🖸 Add
			Change
	<u> </u>	<u></u>	🗅 Add
			[] Change

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

					· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
							······	
	······						·······	
	· · · · · · · · · · · · · · · · · · ·							
	······						<u></u>	
					,,			
	· · · · · ·							
	·····							
								
	<u>-</u> .							
Effective date, if other than (If an effective date is listed, the date	1 the date of fili	ing:			(optional)		
(i) an elective date is fisted, the data <u>Note:</u> If the date inserted in the document's effective date on t the record specifies a delayed eff cord is filed.	his block does no he Department of	t meet the ap f State's reco	plicable sta ords.	itutory filing	requirement	s, this date w	rill not be list	ed as the
Dated	May 3	2022						
ואמנקו		 /\	·					
	Signature of	a member of a	authorized re	epresentative of	of a member			
	Wilhe L							
		Typed or p	printed name	of signce				