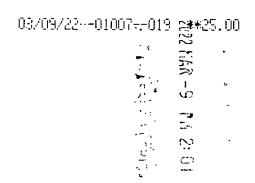
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COVER LETTER

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SURIF <i>C</i> T-	Browveau	LLC	
SUBJECT: Browveau LCC 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: Duvonne Moore Name of Person Firm Company 2924 NW 55 Avenue, 2C Address Lauderhill, Florida 33313 City/State and Zip Code Browveau @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Duvonne Moore Name of Person Area Code Daytime Telephone Number Priclosed is a check-for the following amount: ZS25.00 Filing Fee S S60.00 Filing Fee & S60.00 Filing Fee.			
The englaced Articles of	f A mondmont and footes are cubin	nitted for filing	
		-	
Please return all correspo	ondence concerning this matter to	o the following:	
	Duvonn	e Moore	
		Name of Person	
		Firm/Company	
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	h 54. 1.40	City/State and Zip Code	
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Duvonne	Moore	at (786) 277	-3669
Name c	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee &	\$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Getified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Browveau,	LLC	
(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000380752</u>	were filed on $\frac{12}{4}$	97/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
Du Moore Enterprises, The new name must be distinguishable and contain the words "Limited Liabil	LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2924 NW	55 Avenue, 2C 1, FL 33313
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, F
Walling duaress MATT WEST COST OF FICE DOOR		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	or address
- 		Florida Zip Code
	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.

If Changing Registered Agent, Signature of New Registered Agent

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	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			Change
			Add Remove
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