L21000036425

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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100421009571

01/10/24--01025--002 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brooke J Interior Design LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.21000036425 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida ___ City

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.

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Brooke J In	terior Design LLC		
SUBJECT:			
***************************************	Name of Lim	ited Liability Company	
		in the state	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brooke Friedman		
		Name of Person	
	Brooke J Interior Design L	LC	
		Firm/Company	
	16361 Braeburn Ridge Tra	il	
		Address	
	Delray Beach Fl 33446		
		City/State and Zip Code	
	Brookejdesign@yahoo.com	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	· · · · · · · · · · · · · · · · · · ·	-
Brooke Friedman	oncerning and matter, prease o	954 8959378	-
15tt Act Titedilan		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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)
Muiling Addus		Street Address	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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
MGR	Ariel Meltzer	16361 Braeburn Ridge Trail Delray Beach Fl. 33446	
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing re	(optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
cord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
December 28	2023	
B100	be build under ignature of a member or authorized representative of	a member
•	.g	