L21000158985

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COVER LETTER

Div	ision of Corp	porations *				
SUBJECT:	STORYBRO	OOKE LLC				
SUBJECT.		Name of Lim	nited Liability Company	•		
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Christopher D. Hale, Esq.				
			Name of Person			
		Christopher D. Hale, P.A.				
			Firm/Company			
	633 Southeast Third Avenue, Suite 301 Address					
•		Fort Lauderdale, FL 3330	l			
		chale@halepalaw.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifica	tion)	25	
For further in	nformation co	oncerning this matter, please c	all:		2921 JUN	٠
Christopher	D. Hale		954 615-1677 at ()		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Name of	Person Person		elephone Number		
Enclosed is a	check for th	e following amount:			$r_{r_{i}}$ $\ddot{\omega}$	•
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Ma	iling Address	s:	Street Address:			

TO:

Registration Section

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

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**

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Florida document number <u>L21000158985</u>	Liability Company were filed on <u>f</u>	April 6, 2021 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	282
		12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	THE CONTRACTOR OF THE CONTRACT
		7. 27
		; . w
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the name of the new register</u>
Name of New Registered Agent:	Christopher D. Hale	
New Registered Office Address:	633 Southeast Third Avenue, S	uite 301
	Enter F	lorida street address
	Fort Lauderdale	Florida 33301
	City	Zip Code

STORYBROOKE LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BILAL LOLO	321 NW 35th Street	□Add
		Oakland Park, FL 33309	■Remove
			□Change
AMBR	SCBL Rev Trust Dtd June 25, 2021	321 NW 35th Street	= Add
		Oakland Park, FL 33309	□Remove
			Change
			□Add
			□ Remove
			□Add □Remeve
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this ble cument's effective date on the De	t be specific and cannot be prior to ock does not meet the applical	o date of filing or more th		.) Pursu <mark>a</mark> n	
ecord specifies a delayed effectiv is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) T	he 90th d	ay after th
June 25 .ted	2021	_•			
	half as Co- Signature of a member or author				