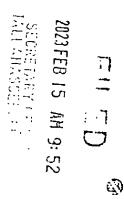
## L21000402040

<del></del>	(Requestor's Name)
	(Adcress)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	WAIT MAIL
	(Business Entity Name)
	(Document Number)
entitled Copies	Certificates of Status
Contral Instructions to	o Filting Officer:
	J. HORNE
	FEB 1 6 2023

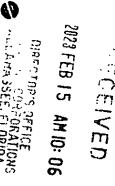
Office Use Only



600402667896



02/15/23--01002--006 \*\*30.00



## **COVER LETTER**

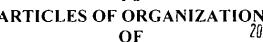
	ration Secon of Corp	ction porations		
		te Realty, LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Tiffani Brown		
			Name of Person	
		Brown Estate Realty, LLC		
			Firm/Company	
		130 Salem Court		
			Address	
		Tallahassee, Florida 32333		
			City/State and Zip Code	
		browntiffani6@gmail.com		<u> </u>
			to be used for future annual report	notification)
For further info	rmation co	oncerning this matter, please ca	ıll:	
Tiffani Brown			678 682-1720	
	Name of Person		Area Code Day	vtime Telephone Number
Enclosed is a cl	heck for th	ne following amount:		
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ng Addres stration S	Section	Street Address Registration	Section
	sion of C Box 632	forporations 27		Corporations of Tallahassee

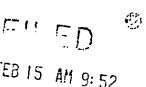
Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FULL TO ARTICLES OF ORGANIZATION OF 2023 FEB 15 AM 9: 52





Brown Estate Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed	on <u>09/10/2021</u>		and assigned
Florida document number L21000402040				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility compa	ny here:		
Brown's Recovery Services, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company,	" the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	<del>.</del>			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			<u>.</u>	····
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on	our records, <u>e</u>	enter the name of	the new registered
New Registered Office Address:				
	Enter Florida street ad			
			_, Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>1</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performan provided fo	ice of my dutie or in Chapter (	es, and Lam fam 605, F.S. Or, if t	iliar with and his document is
If Cha	nging Registe	red Agent, <u>Signa</u>	ture of New Registe	red 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del> </del>		
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		<del></del>	<u> </u>		<del></del>		<del></del>	—
		·					<u> </u>	
								_
				<del></del> -				
			<del></del>					_
****			<del>.</del> .					
	_							
				<u>-</u>				
		· -						_
	_							
	-							
		<u>.</u>				<del></del>		_
				·			<del>-</del>	
						_ <del>_</del> _		_
ective date, if a reflective date is lete: If the date in tument's effective	iserted in this b	lock does no	t meet the ap	plicable statut	23 iling or more that ory filing requ	(option 190 days after fi irements, this (	nal) iling.) Pursuant to date will not be	605.020 listed a
cord specifies a s filed.	delayed effectiv	ve date, but n	ot an effecti	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	ifter the
ed Febru	iany 1	3	202	3	>	_		
			/_/		esentative of a m	ember		-
			,					

Filing Fee: \$25.00