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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Brow G	arden LLC
Name of Lir	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Melissa	Name of Person
The B	Firm/Company
10380 106	Address 3
larg	Chy/State and Zip Code
Should Si-mail address:	Skeet Symol. Com (to be used for future sample report notification)
For further information concerning this matter, please of	call:
Melissa Troubridge Name of Person	at (727) 708 - 2344 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>122000 D 737</u>	ompany were filed on 2 14 2022 and assigned 57
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS) COOPER COOP
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2023 HAN
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the wrevistered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
·			□Add
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Note: If		e must be specific a its block does not	ind cannot be prior t t meet the applica	to date of filing or more		al) ng.) Pursuant to 605.0207 (2 ate will not be listed as th
the record s cord is filed.		ective date, but n	ot an effective tir	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	7, Mar	Ch	503	·		
		Signature of	a member or autho	rized representative of	a member	
			_	owide d name of signee		