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T. MATTHEWS MAR 16 2022

COVER LETTER

subject: <u>bra</u>	un Grub St	Lation LLC	•
-	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Janisha	L Brown Name of Person	
	<u>Browns</u>	Grub Statiur Firm/Company	LLC
	<u>9135</u> S	W 227th St	Unit 9
	Outler Ba	Uit/State and Zip Code	3190
	brounsgrub E-mail address: (Station @ gmou to be used for future annual report notif	1. com
for further information co	ncerning this matter, please c	all:	
Tanisha (Brown Person	at (<u>786</u>) <u>269</u> Area Code Daytime	-1492 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addyses		49.	

TO:

Registration Section Division of Corporations

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

Browns Grub S.	tation LLC 22117 77 3:11
	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Lagrangian Florida document number <u>Lagrangian</u> .	pany were filed on $2/17/33$ and assigned
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 ADDRES	<u>(S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Circ Zin 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, 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>	<u>Address</u>	Type of Action
AMBATO MER	Tanisha L. Brown	9135 SW227th St	EAdd
ריונטוייז		Unit 9	□Remove
		9135 SW227th St Unit 9 Cutler Bay, FL 331	90 □Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
f an effect <u>Note:</u> - If	e date, if other than the date of filing:
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
ated _	March 3 aoaa.
	Signature of a member or authorized representative of a member
	Tanisha L Brown