L2200129180

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(Red	questor's Name)	
(Add	dress)	
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(Cit)	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	





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DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

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COVER LETTER

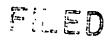
Registration Section

TO:

Division of Cor	rporations		
	r House LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sean Sanders		
	Name of Person		
	The Broker House LLC		
		Firm/Company	
	3079 Zander Dr		
		Address	
	Grand Island FL 32735		
		City/State and Zip Code	
	seansandersorl@gmail.c	om	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Sean Sanders		407 9492116	
Name o	f Person	Area Code Daytin	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)
Mailing Addres Registration	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
P.O. Box 632 Tallahassee			rananassee he Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY -6 PM 1:11

(Name of the Limited Liability Comp		ĈE/
(A rionda Limited	any as it now appears on our records.) Liability Company)	TALL NESEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L22000129180	y were filed on 03/15/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" o	r 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 th	e name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:		da
Name of New Registered Agent: New Registered Office Address:	, Flori	daZip Code
Name of New Registered Agent:	, Flori	daZip Codv

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	Sean Sanders	3079 Zander Dr Grand Island FL 32735	🖪 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>lote:</u> I	re date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of f the date inserted in this block does not meet the applicable stat nt's effective date on the Department of State's records.	
record d is file	specifies a delayed effective date, but not an effective time, at 1, d.	2:01 a.m. on the earlier of: (b) The 90th day after the
	05/02/2022	
Dated	·	
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Filing Fee: \$25.00

Typed or printed name of signee