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## **COVER LETTER**

A	r House LLC		
	Name of Lin	ited 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	<del></del>
	The Broker House LLC		
		Firm/Company	<del></del>
	3079 Zander Dr		
	<del></del>	Address	***************************************
	Grand Island FL 32735		
	seansandersorl@gmail.com	City/State and Zip Code	<u> </u>
	E-mail address: (	to be used for future annual report noti-	fication)
For further information o	oncerning this matter, please ca	all:	
Sean Sanders		407 9492116 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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)

Registration Section

Division of Corporations

TO:

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

The Broker House LLC		工 至
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	(BS.) ————————————————————————————————————
		F Gui
The Articles of Organization for this Limited Liability C	Company were filed on 03/15/2022	and a signed
Florida document number L22000129180	<u>_</u> .	and agigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registere	ed office address on our records, <u>ente</u>	er the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, F	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 to 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>	Address	Type of Action
AMBR	Sean Sanders	3079 Zander Dr Grand Island FL 32735	<b>≘</b> Add
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			□Change
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	n 90 days after filing.) Pursuant to 605.0	)20
ote: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	irements, this date will not be listed	ı a
•		
record 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
is filed.		
. 05/02/2022		
ated		

Typed or printed name of signee