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8/10/2022

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	House LLC		
SUBJECT:	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	<u> </u>
	The Broker House LLC		
		Firm/Company	·
	126 E Colonial Dr		
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	.
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. Sean Sanders Name of Person		
For further information c	oncerning this matter, please c	all:	
Sean Sanders			
Name o	f Person	at () Area Code — Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I			Tallahassee oe Street, Suite 810

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Broker House LLC

2022 AUG 10 PM 3: 12

(<u>Name of the Limited Liabil</u> (A Florid	ility Companida Limited Li	y as it now appears ability Company)	s on our records.	.)	— dñ o±b.FL
				trilli.	_ · · · · · <u>-</u>
The Articles of Organization for this Limited Liability (ere filed on $\frac{037}{2}$	15/2022	and	assigned
Florida document number L22000129180	,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	mited liabili	ty company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Lin	imited Liabilit	y Company," the de	esignation "LLC"	or the abbreviation	"IIC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD.	DRESS)				
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 ad	dress on our re	cords, enter t	he name of the	new registered
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Flori	da street address		
	. .	City	Floi	rida	do
New Registered Agent's Signature, if changing Registere	red Agent:	(n)		ыр со	10
Thereby accept the appointment as registered agent			its. I fami	than arman to an	mala miela ela
provisions of all statutes relative to the proper and c	•			•	• •
accept the obligations of my position as registered a					
being filed to merely reflect a change in the register company has been notified in writing of this change.		aaress, 1 neren _.	y conjirm inai	i ine iimitea iiai	эшіу
, , , , , , , , , , , , , , , , , , ,					

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>	Name	Address	Type of Action
AMBR	Jules Straker	1726 Vineyard Way Tallahassee FL 32317	■Add
			Remove
			①Change
			□Add
			□Remove
		······································	🗆 Add
			□Remove
			□Add
			□Remove
			□Change
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		<u> </u>	□Remove
			□Change
			□Add
			🗀 Remove
			⊡ Channa

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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and can ck does not meet	the applicabl		ore than 90 days a		
e record specifies a delayed effective rd is filed.	date, but not an c	effective time	, at 12:01 a.m.	on the earlier of	: (b) The 90th da	ny after the
Dated August 9th	2/	022				
Dated						
<u> </u>	Sean	Sana	lers			
	Sean	Sana		of a member		

Filing Fee: \$25.00