NA2CCC 245526

(Requestor's Name)
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(City/State/Zip/Phone #)
, ,
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s. CHATHAM OCT - 7 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
T-BROWA	RD LLC		
SUBJECT:	Name of Lim	ited Liability Company	A
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAKENDER LOUIS		
		Name of Person	
	COMPANY		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2700 RIVERSIDE DRIVI	E APT# 308B	
		Address	·
	CORAL SPRINGS, FL 33	065	
		City/State and Zip Code	
	MAKENDERLOUIS@YA		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
MAKENDER LOUIS		954 9881320 at ()	
Name o	f Person		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		<u>Street Address:</u> Registration Se	action
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	Γallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T-BROWARD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number L22000245526 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 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

__, Florida ___

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	<u>Address</u>	Type of Action
AMBR	MAKENDER LOUIS	4201 NW 34TH STREET APT# 302	□ Add
		LAUDERDALE LAKES, FL 33319	□Remove
			■ Change
			
			□ Reπюνε
			□ Change
			□ Add
		•	□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
		·	□Add
			□Remove
			Change

	FOR THE TITLE BUT THAT WAS A MISTAKE, I WOULD LIKE TO
CHANGE IT TO (AMBR) BEO	CAUSE THEY WON'T LET ME OPEN THE BANK ACOUNT WITH THE (CEO)
TITLE	
· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the da	ate of filing:
affective data is listed, the data must be	k does not meet the applicable statutory filing requirements, this date will not be listed
e: If the date inserted in this block	and the contract of the contra
e: If the date inserted in this block ament's effective date on the Department of th	artiment of State's records.
e: If the date inserted in this block ament's effective date on the Department of th	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
e: If the date inserted in this block ament's effective date on the Department.	

Filing Fee: \$25.00