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## **COVER LETTER**

Division of Corpo	rations		
subject: <u>Brita</u>	INY BOWLES R. Name of Lim	eal Estate U.C. ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	9	Bowles Name of Person Bowles Real Ectar Firm/Company	He LLC_
		Address	
-	St. Augustine brittany b E-mail address: (1	FL 32095 City/State and Zip Code  City/State and Zip Code  Cow/CS 87 @ grail.  To be used for future annual report noti	(()M\ fication)
For further information conc	erning this matter, please ca		
Britany Bowle J Name of Pe	erson	at ( <u>904</u> ) <u>439 - 1</u> Area Code Daytim	2 9 00 e Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**Registration Section** 

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

_ Britany Bowles	Real Estate LLC	2022 ALI
(Name of the Limited Liab (A Flor	illity Company as it now appears on our reida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L2200026853</u> This amendment is submitted to amend the following:	<u>83</u> .	2022 and assigned AH 8: 45
A. If amending name, enter the new name of the li	mited liability company here:	<b>**</b>
Brittany Bawles LLC		
Britany Bowles LLC The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street a	ddress
	Cin	, 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 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>	Address	Type of Action
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			Remove
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Britany Bayles				<del></del>								
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