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PECRETARY OF STATE

Y. SCOTT AUG 19 2023

## COVER LETTER

TO: Registration Se			
SUBJECT:	Brook I	E Morray (ited Liability Company)	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brac	Name of Person	
	Brook E	Lizabeth Murn Firm/Company	THE B
	1021 NE	5th Ct Apt	1 ~ \(\frac{1}{2}\) ( \(\frac{1}{2}\)
	Fort Laude brockmy	City/State and Zip Code  V V Q U C Z \ Q Q V to be used for future annual report notifity.	NOTE TO SEE THE SECOND TO SEE THE SECOND TO SE
For further information co	oncerning this matter, please co	)	ation)
Brook	MVYQY f Person	at (503 969 ) Area Code Daytime T	5444 Celephone Number
Enclosed is a check for th	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)
Mailing Addres Registration S		Street Address: Registration Secti	on

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

Brook E Murray, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on March 212023 and assigned orida document number L23000144496.  This amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:  Brook Elizabeth Murray LLC e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Applicable:  Mailing address MAY BE A POST OFFICE BOX
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> ent 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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	Address	Type of Action
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			□Remove
			□Change
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F (footi	re date, if other than the date of filing: March ZZ, 2023 (optional)
If an eff- Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
e recore	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 d.
Dated .	July 23rd .2023.
	- Rook My
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00