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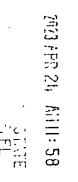
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Office Use Only



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## : \* : COVER LETTER \*\*\* \*\*.

TO: Registration Section Division of Corporations		
SUBJECT: 5110 BM	an LLC-	
SUBJECT: 5720 DM	Name of Limited Liability Company	
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The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Jea	ennie Holbroo	Harris State Research Bear to reach the new of
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`	Firm/Company	_
7150	Lockwoodr: F	Doctor In
Lak	'e lebrille FL	33467
Jecen.	City/State and Zip Code  Nie Pe Ican Pr  E-mail address: (to be used for future/annual	opo gina (com.
For further information concerning this n	natter, please call:	•
Jeannie Holb	1100K at (56/)	7.180= 42 CSTDATE
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following am	юunt:	* /3 ****
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Divisio	ddress: ation Section in of Corporations entre of Tallahassee
Tallahassee, FL 32314		Monroe Street, Suite 810 Assee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5220 Bran LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited List (A Flor	rida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability		rch 30 2023 an	d assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:	:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		<del></del>
			<del>- 1</del>
		·	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		<u>. 프</u> ,
		T) (	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our reco e:	rds, <u>enter the name of th</u> o	e'new registered
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	Enter Florida	street address	
	Cin <sup>,</sup>	, Florida	
New Penistered Agent's Signature if changing Peniste	•	zip C	oue

## New Registered Agent's Signature, il 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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:  (Optional)  (If an effective 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  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  The 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 ord is filed.  Dated  Holliand  Signature of a member or authorized representative of a member								
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