## L 23000201181

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certificates of Status                  |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

| то:       | Registration Se<br>Division of Cor | ection<br>porations                          |  |                            |  |
|-----------|------------------------------------|--|--|----------------------------|--|
| SUBJE0    | RL Brogen                          | LLC  |  |                            |  |
| SUBJE     | CI:                                | Name of Limi                                 | ited Liability Company   | ·                          | 207  |
| The encl  | losed Articles of                  | Amendment and fee(s) are sub-                | mitted for filing.   |                            | 2023 JUJL  |
| Please re | eturn all correspo                 | ondence concerning this matter               | to the following:  |                            | 25 Pii   |
|           |                                    | Richard I. Brogen                            |  |                            | ——————————————————————————————————————   |
|           |                                    |  | Name of Person   |                            | 9  |
|           |                                    | RL Brogen LLC                                |  |                            |  |
|           |                                    |  | Firm Company   |                            |  |
|           |                                    | 232 Waterview Drive                          |  |                            |  |
|           |                                    | Address                                      |  |                            |  |
|           |                                    | Polk City Fl 33868                           |  |                            |  |
|           |                                    | ·  | City/State and Zip Code  | •                          |  |
|           |                                    | rlbrogen@yahoo.com                           | 16.6   | 1                          |  |
| For furt  | her information c                  | encerning this matter, please co             | to be used for future annua                                      | r report normeati          | on)  |
|           | l Brogen                           |  |  | 12-1480                    |  |
|           | Name o                             | of Person                                    | Area Code  | Daytime Tel                | ephone Number  |
| Enclose   | d is a check for t                 | he following amount:                         |  |                            |  |
|           | 5,00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is er |                            | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|           | Mailing Addre<br>Registration      | Section                                      | Regist   | Address:<br>ration Section | n  |
|           | Division of C                      | Corporations                                 | Divisi   | on of Corpora              | ations   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 July 26 Pil 1: De

| RI Brogen, LLC   |   | •••                             |
|--|---|---------------------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lir   | ompany as it now appears on our recornited Liability Company) | <u>ds.</u> ) 06                 |
| ne Articles of Organization for this Limited Liability Com   | ipany were filed on 04/24/2023                                | and assigned                    |
| orida document number [L23000201181]   |   |                                 |
| nis amendment is submitted to amend the following:   |   |                                 |
| . If amending name, <u>enter the new name of the limited</u>   | I liability company here:                                     |                                 |
| te new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "LD                       | C" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   |   |                                 |
| <u> Principal office address MUST BE A STREET ADDRES</u>   | <u> </u>  |                                 |
|  |   |                                 |
|  |   |                                 |
| nter new mailing address, if applicable:   |   |                                 |
| Mailing address MAY BE A POST OFFICE BOX)  |   |                                 |
|  |   |                                 |
| 3. If amending the registered agent and/or registered or gent and/or the new registered office address here: | ffice address on our records, <u>ente</u>                     | r the name of the new regist    |
|  |   |                                 |
| Name of New Registered Agent:  |   |                                 |
| New Registered Office Address:   |   | - A- <u>-</u>                   |
| -  | Emer Florida street addre                                     | 255                             |
|  |   | Iorida                          |
|  | Ciţy  | 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

| Title       | <u>Name</u>     | <u>Address</u> | Type of Action   |
|-------------|-----------------|----------------|------------------|
| MGR         | Desiree A Durby |                |                  |
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| Please remove Desire   | e Darby as MGR there                               | is no replacemen     | it at this time            |  |                        |
|--|--|----------------------|----------------------------|--|------------------------|
|  |  |                      |                            |  | 2023                   |
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|  |  |                      |                            |  |                        |
| Effective date, if other th<br>If an effective date is listed, the | an the date of filing<br>date must be specific and | cannot be prior to c | ate of filing or more that | (optional)<br>n 90 days after filing.) | Pursuant to 605,0207 ( |
| Note: If the date inserted in document's effective date of         | 1 this block does not m                            | eet the applicable   |                            |  |                        |
| document's effective date of                                       | if the tacpartment or 5                            | are s records.       |                            |  |                        |
| e record specifies a delayed rd is filed.                          | effective date, but not                            | an effective time    | , at 12:01 a.m. on the     | earlier of: (b) The                    | 90th day after the     |
| Dated July 18  |  | 2023                 |                            |  |                        |
| Dated  |  |                      | •                          |  |                        |
| <i>y</i>   |  |                      |                            |  |                        |

Filing Fee: \$25.00

Typed or printed name of signee