L2300201952

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE APR 27 2023	3

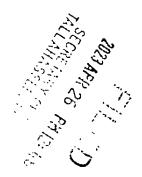
Office Use Only



700406704767



RECEIVED



Incorporating Services, Ltd.

 1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM M

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/26/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1142806

ORDER ENTITY

BROOKE KAREN HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVI BROOKE KAREN HOLDINGS LLC (FL)	CES:	 -	ı
File the attached amendment and provide a ce	ertified copy.		
NOTES:	~ ~	 	

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, April 26, 2023 Page 1 of 1

COVER LETTER

TO: Registration Division of	n Section Corporations		
	KE KAREN HOLDINGS LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.	
	respondence concerning this matter t	_	
	Nicholas P. Hopeck		
		Name of Person	
	Delaney Corporate Services	s, Ltd.	
	,	Firm/Company	
	99 Washington Ave., Ste. 8	05A	
	-	Address	
	Albany, NY 12210		
	Bshatles@gmail.com	City/State and Zip Code	
		o be used for future annual report not	(ification)
For further informati	ion concerning this matter, please ca	II:	
Nicholas P. Hopeck		800 717-2810	
Na	me of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Ad</u> Registrati	<u>Idress:</u> on Section	Street Address: Registration Se	ection
Division of	of Corporations	Division of Co	rporations
P.O. Box	6327	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKE KAREN HOLDINGS LLC		202 SE
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	APR AREA AREA AREA
The Articles of Organization for this Limited Liability C	ompany were filed on 4/24/2023	and assigned
Florida document number <u>L23000201952</u>	<u>_</u> .	S S
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	5
BROOKE KATHRYN HOLDINGS LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
*		
B. If amending the registered agent and/or registered	l office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street address	
	vmer v torida strvet daaress	1
	, Flo	orida Zip Code
	Сиў	гір Соае

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
	<u></u>		□Add
			□Remove

___ □Change

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nee	1						
Note: If i	date, if other than we date is listed, the date the date inserted in the is effective date on the	is block does not	meet the applica	to date of filing or n tble statutory filin	ope than 90 days al ag requirements, t	erottar) ler filing.) Pursuant t his date will not be	o 605.01 e listed
		ective date, but no	t an effective ti	ne. at 12:01 a.m.	on the earlier of:	(b) The 90th day	after t
e record sprd is filed.	pecifies a delayed effi						

Filing Fee: \$25.00