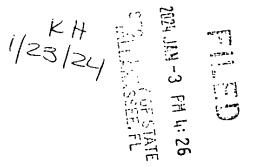
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Certified Copies _		_ Certificate	es of Status
Special Instruction	ons to I	Filing Officer:	
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01/09/24--01/10--005 \*\*25.00



### **COVER LETTER**

TO: Registration Sec Division of Corp			:		
SUBJECT:	Browsen Name of Lim	Sation LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Pl ease return all correspon	ndence concerning this matter	to the following:			
		Laura Larkins			
Į.					
		Firm/Company			
		2004 Street			
	1.6/14 va	City/State and Zip Code	ঠ		
	E-mail address: (	ensation 100 Gme	ication)	28.7 28.7	
For further information ec	oncerning this matter, please c	all:	:	2021	Ē
Name of		at ( <u>954</u> ) <u>703 -</u> Area Code Daytime	- 1803 Telephone Number	1-3 PH 4: 28	: : ] 
Enclosed is a check for th	e following amount:			PATE 26	
525,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Certifi	of Status & opy	

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

Street Address: 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**

Brausensation	1 LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco <u>rds.)</u> Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300033365</u> 70	were filed on July 17, 203 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>llity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	W Time
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	ESTATE 4: 28
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Cuy Zip Code
Naw Danictored Ament's Signature if changing Registered Agent:	

Thereby 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
MGR	Laura Larkins	Holly wind, FL 33010	ZLKdd
			□Remove
		2330 Cody Street	□Change
HMBR	Laura Lakins	17332 cody Street 170114 word, FL 33000	Z]A4d
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			□Change
<del></del>		<u></u>	□Add
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an effection I	re date, if other than the date of filing:
record Lis file	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.
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	Signature of a member or authorized representative of a member

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