

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

#2000358958

L2300456576

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : API PROCESSING
 Account Number : I20110000069
 Phone : (954)567-0013
 Fax Number : (954)567-3401

2023 12 13 11:00

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Annette@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BROWNS PROFESIONAL CONSTRUCTION LLC**

| | |
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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWNS PROFESIONAL CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Mota

 Name of Person

API Processing - Licensing, Inc.

 Firm/Company

3419 Galt Ocean Drive Suite A

 Address

Fort Lauderdale FL 33308

 City/State and Zip Code

annette@apiprocessing.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Mota
 _____ at (954) 567-0013 x 12
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

BROWNS PROFESSIONAL CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/03/2023 and assigned Florida document number L23000456576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BROWNS PROFESSIONAL CONSTRUCTION LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

_____ 2023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ 13 / 11 / 00

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---|
| _____ | _____ | _____ | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Change |

