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(Requestor's Name)
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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	Broley Busi	ness Ventures LLC					
SUBJECT.			ited Liability Company				
The enclosed	I Articles of :	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Aubrey Birrell					
			Name of Person				
		Prime Corporate Services					
Firm/Company							
5250 S Commerce Dr Ste 200							
		Address					
		Murray, UT 84107					
		City/State and Zip Code					
		llesupport@primecorporate					
		E-mail address: ()	to be used for future annual report notifi-	cation)			
For further in	nformation co	oncerning this matter, please ca	all:				
Aubrey Birrell			855 577-4639				
***	Name of	Person	at ()	Telephone Number			
Enclosed is a	a check for th	e following amount:					
\$25.00 F	iling 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)			

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broley Business Ventures 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 $\frac{01/04/2024}{1}$ and assigneds Florida document number L24000012979 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Broley Properties LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 902 Southwest Romaine Lane Port St. Lucie, FL 34953 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 902 Southwest Romaine Lane Port St. Lucie, FL 34953 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Jessica L Davis Name of New Registered Agent: 902 Southwest Romaine Lane New Registered Office Address: Enter Florida street address _____. Florida 34953 Zip Code Port St. Lucie Circ

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TJD Global Holdings LLC		
		30 N. Gould St. Ste R. Sherdian WY 82801	■ Remove
			Change
AMBR	Jessica L Davis	902 Southwest Romaine Lane, Port St. Lucie, FL 3-	1953 ⊟ Add
		Port St. Lucie, FL 34953	□ Remove
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fective date, if other than the in effective date is listed, the date mus	date of filing:			(optiona	1)
ote: If the date inserted in this blo	lock does not meet the	e applicable stat	thing or more the utory filing requ	n 90 days after fili irements, this da	ig.) Pursuant to 605.0 te will not be listed
cument's effective date on the De	epartment of State's r	records.	•		
record specifies a delayed	d effective date it	nut not an ef	fective time	at 12:01 a m	on the earlie
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ted November 20th	. 202-	+			
		رمہ عمر ر	-l		í
	Signature of a member	or authorized rep	oresentative of a n	ember	

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Filing Fee: \$25.00