## L24000021778

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	the Brownd	Inaging LLC ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Antow	o Alvaner		
	JOHN TH	Name of Person		
	6517 TA	Address	03	
	to 1/ puod	Cit/State and Zip Code	1	
	E-mail address: (1	VARE ZQ 6M to be used for future annual report notif	AIL.com	
For further information c	Operating this matter, please ea	at (308) 308	9696 Telephone Number PASS	2021 MAY 13 AM
Enclosed is a check for the			STAT	7 10: 01
XI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section State  Certificate of State  Certified Copy  (additional copy is encl	

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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

The Articles of Organization for this Limited Liability Company were filed on 5w, 09, 2074

Florida document number L24000021778.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6517 TAST ST	Ste 103
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FC	<u> </u>
		ACRE TO
Enter new mailing address, if applicable:	sme re	s Above T
(Mailing address MAY BE A POST OFFICE BOX)		STATE OF
		75 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	P · Pl · J · · · · II	
	Enter Florida street address	
<u>-</u>	, Flori	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Change
			□Add
			□Remove
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Filing Fee: \$25.00