Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOGM.COM INC. Account Number : 120010000062 : (323)962-3600 :r : (323)389-0502 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BROWN MOBILITY SOLUTIONS, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
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Help

COVER LETTER

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,	Name of Limited Liability Company Anicles of Amendment and fee(s) are submitted for filing. Anicles of Amendment and fee(s) are submitted for filing. Anicles of Amendment and fee(s) are submitted for filing. Anicles of Amendment and fee(s) are submitted for filing. Mike Town Name of Person Legalzoom.com. Inc. Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code n:brown2585@gmail.com E-mail address: (to be used for future annual report notification) ornuation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number check for the following amount:	•			
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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN MOBILITY SOLUTIONS, PLLC (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 and assigned Florida document number 1.24000080139 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 124 Sawyer Bridge Trail Enter new principal offices address, if applicable: Ponte Vedra, Ft. 32081 (Principal office address MUST BE A STREET ADDRESS) 124 Sawyer Bridge Trail Enter new/mailing address, if applicable: Ponte Vedra, Fl. 32081 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

Zip Code

To:	
10.	

2024-05-24 16:57.59 PDT

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From: Rajiv Srivastava

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

Page: 5 of 6

<u>Title</u>	Name	<u>Address</u>	Type of Action
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		Signature of a member or authorized	representative of a member		

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