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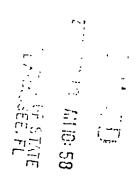
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Brain	Name of Lin	LLC BUMK nited Liability Company	
	mendment and fee(s) are sub	<u>-</u>	
riease return an correspond	dence concerning this matter	to the following:	
	Stephanie	Name of Person	
	Braunster	nes dair LLC	RyMik
	38485	selthoush loc	P
	San	City/State and Zip Code	773
	E-mail address; (to be used for future annual report notifi	(100)
For further information con	cerning this matter, please co		
01 1)	••••	
Name of Po	Deckley	at (404) 403 Area Code Daytime	Telephone Number
Enclosed is a check for the l	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:		Street Address	

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

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

Brownes Heir Compar (Name of the Limited Liability Compar (A Florida Limited L.		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2400095742</u>	were filed on 09/15/2015 EH	ective cloude and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		ation "L.L.C."
Enter new principal offices address, if applicable:		: .:
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE, FL	5 Fair
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent: New Registered Office Address:	Finter Florida street address	
	, Florida	
	City	ip 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 1 **Address** Type of Action Stephanie Bockfell 3848 Saltmarsh loop wada □ Change Varpuler Sandel 3848 Schmarshlap (Frada) Sanfara Fl 32773 □Change Nodashal Kendrick 3848 Scellmarsh kyp stades Santarch 1 32773 Remove □ Change □ Change □Add □Add □ Change

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ated <u>68/28</u> 2024	
signature of amember of Authorized representative of a number	