(	Requestor's Name)	<del>.</del>
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PICK-UP	WAIT	MAIL MAIL
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Brooklyn Rodenberry, LCSW, LL Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brooklyn Rodenberry Name of Person  Brooklyn Rodenberry LC: Firm/Company	
Firm/Company	Jw acc
5332 Falling Stur Rd Address	
Tallanorsee FL 32303 City/State and Zip Code	
brooklynrodenberge, mail. com E-mail address: (to be used for future fannual report notif	ication)
For further information concerning this matter, please call:	
Brooklyn Roddenberry at (PSD) 514-3  Area Code Daytime	3928 e Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broken lad	en bery, LCTW, LL	<u>, C</u>	<u></u>
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u> )	
The Articles of Organization for this Limited Liability C	Company were filed on <u>April 2</u>	6 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		<u>့်</u>	202
(Principal office address MUST BE A STREET ADDI	RESS)		2024 H.S.
		;.,-i 	~
		7.5.A	- m
Enter new mailing address, if applicable:		の 31m. m	AH III
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<del></del>
			<b>&amp;</b>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of	f the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr		
	emer r tortaa street addre	133	
	, F	ilorida	Zip Code
	City	4	ap cour

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 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
MGR	Broklyn Rodenberry	5372 Falling Stor RZ	🗹 Add
	/	5372 Falling Stor RZ Tallabassel FL 32303	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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an effect ote: If	date, if other than the ve date is listed, the date me the date inserted in this been effective date on the liberary and the liberary date on the liberary date.	ust be specific and block does not n	d cannot be prio meet the appli	cable statutory	or more than 90 d	_ (optional) ays after filing.) I ents, this date w	tursuant to 605.0207 ill not be listed as
record s Lis filed	pecifies a delayed effecti	ive date, but not	t an effective t	time, at 12:01 a	i.m. on the earli	er of: (b) The	90th day after the
ated	5/21/24		·	_ <del></del> ·			
		78-1	0.0	CIW	ative of a membe		
		// /					
		Signature of a	member or auth	norized represent	ative of a membe	<u> </u>	