L2400239757

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Lhvis	topher Hugler ! Name of Lim	For Browneyd Course ited Liability Company	ty Clerk Of Court LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chr. stopher	Name of Person	
		Firm/Company	
	8150 Cleary	Blvd#1516 Address	
	Plantation,	Florida 3332 1/ City/State and Zip Code	P. P.
		to be used for future annual report notif	PH 3: 03
For further information co	oncerning this matter, please ca	all:	
Christopher Name of	f Person	at (954) 665 - Area Code Daytime	CSSY e Telephone Number
Enclosed is a check for the	-		
区\$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 Registration S Division of C	Section orporations	Street Address: Registration Secondinision of Corporation Corporat	porations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christopher Hugle, For Brown	yord County Clark Of Court LLC ny as it now appears on our records.) iability Company)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $05/23/2029$ and assigned
Florida document number <u>L24000239 757</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Sentry 6/cha/ Manage ment The new name must be distinguishable and contain the words "Limited Liability"	Grain 11 C
The new name mass be distinguishable and contain the words. Entitled Elabin	
Enter new principal offices address, if applicable:	2139 No Variversity 1) + # 2392
(Principal office address MUST BE A STREET ADDRESS)	2139 Novaiversity Dr # 2342 Coral springs, Fl 33071
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	2139 N. University Dr.
(Mailing address MAY BE A POST OFFICE BOX)	# 2342
	2139 N. University Dr. #2342 Local Springs, Fl 33071
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	77 July 2000
Name of New Registered Agent:	See PA See See See See See See See See See Se
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida
	, Florida 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 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	Christopher Hugley	8150 Clasery Blud #1516	@Add
		Plantation, Fl 33324	□Remove
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n effective date is listed, th	e date must be specific	and cannot be prior t	o date of filing or mo	(option to than 90 days after	filing) Purs	uant to 6	05.02
ote: If the date inserted cument's effective date	on the Department c	of meet the application of State's records.	ble statutory filing	requirements, this	date will r	ot be li	isted:
ecord specifies a delayed	d effective date, but i	not an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th	n day af	ter th
is filed.							
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