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Special Instructions to	Filing Officer.
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COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
BROWDE	R ENTERPRISE LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BETH BROWDER		
		Name of Person	
	BROWDER ENTERPRIS	E LLC	
		Firm/Company	
	3419 WINDER DR		
		Address	
	HOLIDAY, FL 34691		
	BETH.BROWDER74@GN		
_ , , , ,		to be used for future annual report no	iffication)
For further information (concerning this matter, please co	all:	
BETH BROWDER		727 278-2499 at ()	
Name o	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	tion
Registration Division of C		Registration So Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWDER ENTERPRISE LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	ompany were filed on 07/22/2024	and assigned
orida document number 1.24000328324	<u>_</u> .	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ited liability company here:	
e new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation. L.L.C.
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	RESS)	
		:
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Aailing address MAY BE A POST OFFICE BOX)		
-		
		<u> </u>
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Florid	da
	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>	<u>Name</u>	Address	Type of Action
MGR	BETH A BROWDER	3419 WINDER DR	■Add
		HOLIDAY, FL 34691	□Remove
			□Change
			□Remove
			□Change
			□ Add
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			Remove
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the f	ist be specific and cannot be prior to lock does not meet the applica	o date of tiling or more than 9 ble statutory filing require	(optional) 00 days after filing.) Pursuant to 605 ements, this date will not be liste	.0207 (ed as t
	ve date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after	r the
cord specifies a delayed effecti s filed.				
cord specifies a delayed effecti s filed. eded	2024	_·		
s filed.				

Filing Fee: \$25.00