L24000328069

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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BROWCAN ENTERPRISES LLC SUBJECT: _ 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: AARON KOSH Name of Person BROWCAN ENTERPRISES LLC Firm/Company 1940 SW 17TH CT Address MIAMIFL 33145 City/State and Zip Code Browcanlle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee S30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWCAN ENTERPRISES LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L2400032906</u>	Company were filed on Ju	ly 24 2024	nd 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 desig	nation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	<u> </u>		
		, ,	-) -) -1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			~ ~
			, "
B. If amending the registered agent and/or registered		-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name of th</u>	nemew registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	,
		. Florida	
	City		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	AARON KOSH	1940 SW 17TH CT MIAMI FL 33145	= Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

It an ef <u>Note:</u>	tive date, if other than the date of filing:
e recoi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
e recor rd is fi	led.
e recor	led.
	led.

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