



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Central Family TBSJ LLC  
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:

Jennifer Davila  
Name of Person

Central Family TBSJ LLC.  
Firm/Company

4957 SW 74<sup>th</sup> CT  
Address

Miami FL 33155  
City/State and Zip Code

jdavila@erbrownell.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Davila at (786) 781-0481 cell 305-860-3866 office  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 NOV 18 PM 4:00  
OFFICE OF THE  
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Central Family TBSs LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-5-24 and assigned Florida document number L2400034422.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Steven Brownell

New Registered Office Address:

147 South Ocean Shore Drive

Enter Florida street address

Key Largo.

City

Florida

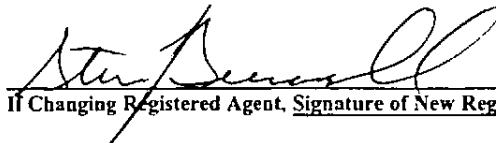
33037

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



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STATE  
OFFICE  
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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>	<u>Address</u>	<u>Type of Action</u>
* MGR	Jennifer Davila	1962 SE 23 terrace.	<input checked="" type="checkbox"/> Add
		Homestead FL 33035	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Steven Brownell	147 South Ocean Shore Dr	<input checked="" type="checkbox"/> Add
		Key Largo FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF FLORIDA  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Jennifer Davila is one of the owners of the company. and should be equal to Thomas Brownell Steven Brownell should be listed as the registered agent he is helping with our documents.

This LLC was set up by our lawyer incorrectly.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 14, 2024.

Thomas Brownell  
Signature of a member or authorized representative of a member

Thomas Brownell  
Typed or printed name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED