P12 0000 11448

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
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SOLUTION SELL

COVER LETTER

TO: Amendment Section Division of Corporations

	Brown Enterprises	of Orlando, Inc.	
NAME OF CORPO	RATION:		
	P12000011448		
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jill Brown		
		Name of Contact Perso	n
		Firm/ Company	
		Address	
	P O. Box 471000 Lake Monro		
		City/ State and Zip Cod	le
Jillio	dealman@aol.com		
	E-mail address:	to be used for future annua	al report notification)
For further informatio	n concerning this matter, plea	se call:	
Jill Brown		407	463-4552
		at ()
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	iling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to n

Articles	υf	Incorporatio
		of

Brown Enterprises of Orlando, I	DC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000011448	!
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	 Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "oword "chartered," "professional association," or the abbreviation ".	"," "company," or "incorporated" or the abbreviation "O". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	32 · · · · · · · · · · · · · · · · · · ·
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	: 10
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	*
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Circums of Van B	egistered Agent, if changing
Signature of New R	egistered Agent, ij changing

P = President, V = VI Executive Officer: Ch held. President, Treas Changes should be no a change, Mike Jones Mike Jones, V as Rem	ice President; $\hat{T} = T$ $FO = Chief Finance$ surer, Director would the following stead in the following steads the corporate	ial Officer. If an officer/director holds i ld be PTD. z manner. Currently John Doe is listed a tion, Sally Smith is named the V and S. I	TR= Trustee: C = Chairman or Clerk; CEO = Change than one title, list the first letter of each, offins the PST and Mike Jones is listed as the V. There These should be noted as John Doe, PT as a Change
Example: X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	NP	JIII Brown	5220 Pineview Way
<u>⊀</u> Add			Apopka F1 32703
Remove			
2) Change	Secretary	-Sill Brown	5220 Pineview Way
_ X _ Add			Hpopka, Fl 32703
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			-
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

f amending or adding additional Articles, enter change(s) here: Mach additional sheets, if necessary). (Be specific)	
	•-
	
	
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	5
a to the state of	00T 2
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	007.21 855%
(if not applicable, indicate N/A)	
(y not appretant, material in a	·1 -
	·
	1
	100 mm

The date of each amendment(s) adoption: 10-17-19	, if other than th
date this document was signed.	.
Effective date if applicable: 10-17-19	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	,
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	1
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).	; {
"The number of votes cast for the amendment(s) was/were sufficient for approval	!
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	;
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	19
Dated	F 1007 2
Signature ON Brain	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	\$
\u\D\Q_a	
(Typed or printed name of person signing)	
Da Pordat	
(Title of person signing)	