U15000011362

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	: #)	
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(Bu	siness Entity Nan	ne)	
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FALLAHASSEEL FLORIDA

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COVER LETTER

Divis	ion of Cor	porations		
	Giddy Bros			
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Anthony J. Miller		
			Name of Person	
		Giddy Bros LLC.		
Firm/Company				
3907 N Federal Highway, # 218				
	Address			
	Pompano Beach, FI, 33064			
		tony@tropiccapitalpartners.	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further infe	ormation co	oncerning this matter, please ca	dl:	
Anthony J. M	iller		954 650-8733 at ()	
	Name of	l Person	Arca Code Daytime Telcpho	nc Number
Enclosed is a	check for th	e following amount:		25 N
□ \$25.00 Fil	ling Fce	■ \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Giddy Bros LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
ne Articles of Organization for this Limited Liability Corida document number 1.15000011362	Company were filed on $\frac{01/20/2015}{}$ and assign	ned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
iddy Brothers LLC		
e new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C	5."
nter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
<u>rincipal office address MUST BE A STREET ADDI</u>	<u>(ESS)</u>	
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
mining data oss MATEL DESTRICTOR OF THE STATE OF THE STAT		
If amending the registered agent and/or regis gistered agent and/or the new registered office add	stered office address on our records, enter the name of ress here:	the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Zip Code	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
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		,	optional	i] j
Note: If the date inserted in thi	must be specific and cannot be prior to do s block does not meet the applicable e Department of State's records.	ate of filing or more than 90 days	g puonary Tafter filing A Pursuant	to 605.0207 (3)(b)
If the record specifies a dela (b) The 90th day after the	yed effective date, but not ar record is filed.	n effective time, at 12:0	01 a.m. on the o	earlier of:
June 14 Dated	2016			
Dated	Signature of a member or authorize	d representative of a member		
Anthony J. Miller	1			
	Typed or printed na	ume of signee		

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Filing Fee: \$25.00