L2100043544/

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COVER LETTER

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end mea		RZ GUTTERZ LLC		·		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	 		
		Amendment and fee(s) are sub				
		CASSANDRA KLUCK				
			Name of Person		_	
		2 BROTHERZ GUTTERZ	LLC			
			Firm/Company		_	
	7138 HEMLOCK LOOP					
			Address		_	
		OCALA FL 34472				
		2brotherzgutterz@gmail.com	City/State and Zip Code		-	
		E-mail address: (to be used for future annual rep	ort notification)		
For further	information co	oncerning this matter, please ca	all:			
CASSANI	DRA KLUCK		352 598-9 at ()		2023	1 - -
	Name of	Person	Area Code	Daytime Telephone Numb	2023 1:0V 17	. 1
Enclosed i	s a check for th	e following amount:				mer 1
■ \$ 25.00) Filing Fee	□ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certific d) Certific	Filing Fee? Fate of Status & Co d Copy M al 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z BROTHERZ GOTTERZ LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L21000435441	y were filed on OCTOBER 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the	e 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)	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the n	ame of the new registered
		35
Name of New Registered Agent:		State general state of the stat
New Registered Office Address:	For Florida and Adam	
	Enter Florida street address	
	, Florida	Zip Codi?

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 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	CASSANDRA KLUCK	7138 HEMLOCK LOOP	□Add
		OCALA FL 34472	□Remove
			🖻 Change
			□Add
			□Remove
			☐ Change
			□ Add
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			EChange HAdd
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			Change
			□Remove
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Signature of a member or authorized representative of a member	ted NOVEMBER 6 , 2023	·				
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