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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	bbetts LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandon A Tibbetts		
		Name of Person	
		Firm/Company	<del></del>
	8795 54TH ST N		
		Address	
	Pinellas Park, FL 33782		
		City/State and Zip Code	
	Brandon.a.Tibbetts@gmail.		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Brandon A Tibbetts		727 623-1954 at ()	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Brandon Tibbetts 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 Ar	pril 28, 2023	and assigned
Florida document number L23000211195		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :	
Brandon Alexander Tibbetts LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
<del></del>		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:		
B. If amending the registered agent and/or registered office address on our re		
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ecords, <u>enter the nar</u>	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flori	records, enter the nar	ne of the new registered
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flori	ecords, <u>enter the nar</u>	ne of the new registered
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flori	rida street address, Florida	ne of the new registered

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
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ated May 2nd			2023	<u></u> •				
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_1,)100(1)	<del>20 2//</del>	Signature of	a member or a	uthorized repre	esentative of a r	nember		

Filing Fee: \$25.00