K16000056408

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

îO:

	er's Room LLC		•
70 2 011CT	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Naftali Raphaely		
		Name of Person	
	My Brother's Room LLC		
		Firm/Company	
	2301 S Miami Avenue		
		Address	
	Miami, FL 33129		
		City/State and Zip Code	
	traphaely7@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
for further information	concerning this matter, please c	all:	
Naftali Raphaely		443 794-4717 at ()	•
Name (of Person		e Telephone Number
inclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Brother's Room LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Cor Florida document number 1.16000056408	mpany were filed on 3/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		SECRETARY C
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	FATE 29
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager MBR = Authorized Member

<u>'itle</u>	Name	<u>Address</u>	Type of Action
4GR	Naftali Raphaely	2301 S Miami Avenue Miami. FL 33129	□ Add
			Remove
			□Change
			□Add
		□Remove	
			Change
		<u> </u>	□ Add
			□ Remove
			□Change
			□Add
		□Remove	
	·	□Change	
			□ Add
		□Remove	
		Change	
			□ Add
		□Remove	
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
fan effecti <mark>Note:</mark> If i	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	·
	Signature of a member or authorized representative of a member
	Nafali Raphaely Typed or printed name of signee