Fax: 7274749949

(((H21000207590 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)306-0202 Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3 BROTHERS NEW PORT RICHEY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co			
3 Brothers	New Port Richey LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analysis Astrolog of	Amendment and fee(s) are sub-	positted for filing	
	andence concerning this matter		
	Matthew DePasquale		
		Name of Person	
	Fachner PLLC		
		Firm/Company	
	301 Woodlands Pkwy, Sto	2 10	
		Address	
	Oldsmar, FL 34677		
		City/State and Zip Code	
	matthew@fachner.law	(to be used for future annual report no	· Face
For further information of	oncerning this matter, please c		micanon)
Name o	f Person	727 306-0205 at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C	Section	Registration Se Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

1A 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 Brothers New Port Richey LLC		121 h
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	21 KAY
The Articles of Organization for this Limited Liability Company Florida document number L16000219066 This amendment is submitted to amend the following:		25d PM 3: 31 SSERVE STATE SSERVE CORIDA
A. If amending name, enter the new name of the limited liab	ility company here:	
3 Brothers Palm Harbor LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	EYBLIM HARBOR F) 1- 56864
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1999 GUNN HU ODESSA FL 7355	s 4 56,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	Сиу	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.

5/24/2021 17:04:02 EDT . To: 18506176383

Page: 4/5 From: Faehner PLLC Fax: 7274749949

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			∐Add
			☐ Change
			□ Adđ
			□Rепюче
			L) Change
			DAdd
			□Remove
			☐ Change
		**************************************	□Remove
			□Change
			□Add
			⊡Remove
			☐ Change
			□Add
			Remove
			□Change

None				
- <u></u>				
			•	

tive date, if other than the ffective date is listed, the date mu	e date of filing:	des to date of filing over	option:	d) no Mursuant to 605 020
 If the date inserted in this b 	slock does not niect the app	dicable statutory till	ng requirements, tins da	ne win noi oc iisica a
ment's effective date on the I	Department of State's recor	ds.		
ord specifies a delayed effecti	ve date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ñled.				=
May 20th	2021			ALL Section
1		 ·		Aft
(Agas. C	Cash de			SÉOREIARY ALLAHASSE
		, , , , , , , , , , , , , , , , , , , ,		1
	Signature of a member or at	thorized representative	e of a member	თ~. თ~< 0