

L17000051941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

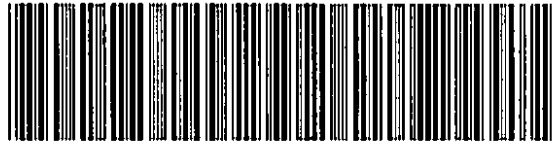
(Business Entity Name)

(Document Number)

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SEP 2 8 2020

S. YOUNG

CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

2020 AUG -7 AM 7:10

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TJR Brother's LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deysi Carolina Mejia Rivera  
Name of Person

  
Firm/Company

4524 crossen dr  
Address

orlando fl 32822  
City/State and Zip Code

daisimejia.123@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deysi C. Mejia Rivera at (321) 512-6994  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

TJR BROTHERS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 AUG -7 AM 7:10  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/2017 and assigned Florida document number L17000051941.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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**)

4524 crossen dr  
Orlando FL 32822

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4524 crossen dr  
Orlando FL 32822

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Edwin Antonio Molina Lopez

New Registered Office Address:

4524 crossen dr

Enter Florida street address

Orlando FL

City

Florida

32822

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

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>	<u>Address</u>	<u>Type of Action</u>
<del>MGR</del>	<u>Deysi C. Mejia Rivera</u>	<u>4524 Crossen dr orlando</u>	<input checked="" type="checkbox"/> Add
		<u>Fl 32822</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Edwin A. Molina</u>	<u>4524 Crossen dr orlando</u>	<input checked="" type="checkbox"/> Add
		<u>Fl 32822</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: 6-7-00 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Dexi Carolina Mejia Rivera  
Typed or printed name of signee

**Filing Fee: \$25.00**