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COVER LETTER

TO:	Registration 5 Division of Co			
SUBJE		CEN COURSE, LLC		
SUBJE	C1:	Name of Lin	nited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	oondence concerning this matter	to the following:	
		CARLA NORRIS		
		- 	Name of Person	
		UNBROKEN COURSE		
			Firm/Company	
		10006 CROSS CREEK BI	LVD #164	
			Address	
		TAMPA, FL 33647		
		· 	City/State and Zip Code	
		UNBROKENCOURSE@G		
			to be used for future annual report not	fication)
For furth	er information	concerning this matter, please c	all:	
CARLA	NORRIS		352 213-8361	
	Name	of Person		e Telephone Number
Enclosed	is a check for t	the following amount:		
≡ \$25.0	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNBROKEN COURSE, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now a Jiability Compa	ppears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed or	m MAY 22, 2018	and assigned
lorida document number L18000128211			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	ility compan	y here:	
INBRAKEABLE BRAND, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company."	the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
THE PARTIE WANTESS IN UST DE A STREET ADDRESS		 	-
			
nter new mailing address, if applicable:	 .	-	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		-	
. If amending the registered agent and/or registered office a	ddress on o	ar records, <u>enter the na</u>	me of the new regist
ent and/or the new registered office address here:			
Name of New Registered Agent:		_	
New Registered Office Address:			~~ <u>}</u>
	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 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	<u>Address</u>	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

			□Remove
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(If an effective Note: If the	e date is listed, the e date inserted in	i imis diock does	ic and cannot be pri	licable statutory	or more than 90.	(optional) days after filing.) Pu ents, this date wil	rsuant to 605,0207 <u>(</u> I not be listed as th
ne record spe ord is filed.	cifies a delayed	effective date, bu	t not an effective	time, at 12:01 a	a.m. on the earli	er of: (b) The 90	th day after the
SEP ^a	TEMBER 25		2021				
_	Carla	X. Mo	of a member or au	horized represent	ative of a membe	r	
	CARLA NORRI			,			