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Breyting Community Roaster Shannon Richard Coven

407-625-4707

126 W Ohio Ave Deland, FL 32720

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: Breyting Community Roaster LLC

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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:

Shannon R. Coven

Name of Person

Breyting Community Roaster LLC

Firm/Company

126 W. Ohio Ave.

Address

Deland, Florida 32720

City/State and Zip Code

von@ breyting com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_at (407\_\_\_\_) 625-4707 Area Code //\_\_\_\_\_Daytime Telephone Number Shannon R. Coven Name of Person

Enclosed is a check for the following amount:

□ \$30.00 Filing Fee & □ \$25.00 Filing Fee □ \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

tadditional copy is enclosed).

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

Breyting Community Roaster 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 \_\_\_\_\_\_and assigned \_\_\_\_\_\_and assigned Florida document number \_\_\_\_\_\_.

This amendment is submitted to amend the following:

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

Breyting LLC

The new name must be distinguishable and contain the words "Limited Laphi	lity Company," the designation "LLC" or the abbreviation <b>B</b> .L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SSEE S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
		Florida
-	Cuy	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. Thereby 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
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Title	<u>Name</u>	Address	Type of Action
			🖸 Add
			□ Change
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated 12/23/22	
Signature of a member or authorized representative of a member	-
ShANNON R COVEN	_
Typed or printed name of signee	