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(City/State/Zip/Phone #)

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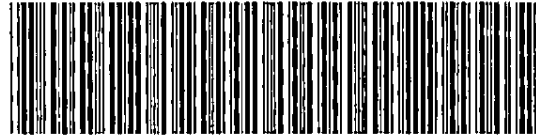
(Business Entity Name)

(Document Number)

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SCOTT COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

MAR 22 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRUTHERS 4 BRUTHERS L.L.C.

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:

BILLEE HAYNES

Name of Person

BRUTHERS 4 BRUTHERS L.L.C.

Firm/Company

821 NW 54TH STREET

Address

MIAMI, FLORIDA 33127

City/State and Zip Code

attachableinc@gmail.com

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

For further information concerning this matter, please call:

BILLEE HAYNES

305 788-8417

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRUTHERS 4 BRUTHERS L.L.C.

(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 10/04/2018 and assigned
Florida document number L18000235314.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1150 N.W. 51st TERRACE

MIAMI, FLORIDA 33127

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:

BILLEE HAYNES

New Registered Office Address:

821 NW 54TH STREET

Enter Florida street address

MIAMI

City

Florida 33127

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>
MGR	BEASLEY, VINCENT	1490 NW 3RD AVE SUITE #106	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAINE, PHILLIP	821 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAYNES, BILLEE	821 NW 54TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILLIPS, DENNIS	1398 S.W. 1ST STREET APT#1111	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGR: JOHNSON, CARY

830 N.E. 86TH STREET, MIAMI FLORIDA 33138 ... ADD

MGR: COBB, CLARENCE

2745 N.W. 164TH TERRACE, MIAMI GARDENS, FLORIDA 33054 ... ADD

MGR: THOMPSON, OLIVER

2358 N.W. 55th STREET, MIAMI, FLORIDA 33127 ... ADD

MGR: PIPEN, L.Z.

1398 N.W. 41st STREET, MIAMI, FLORIDA 33142 ... ADD

MGR: McAUTHOR, RICHARD

1326 N.W. 62nd TERRACE, MIAMI, FLORIDA 33147 ... ADD

MGR: YOUNG, ELIJAH

2313 N.W. 181st TERRACE, MIAMI GARDENS, FLORIDA 33056 ... ADD

MGR: JR. ROLLE, VERNAL

1150 N.W. 51st TERRACE, MIAMI, FLORIDA 33127 ... ADD

MGR: MELLISON, BERNARD

780 N.W. 13th COURT, APT#711, MIAMI, FLORIDA 33125 ... ADD

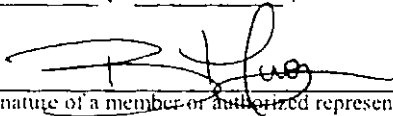
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MARCH 7th 2019



Signature of a member or authorized representative of a member

BILLEE HAYNES

Typed or printed name of signer