L18000249536

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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
cunu	CT.	Dwayno	e Roberts, LLC	
SUBJF	.c.:	Name of Lim	ited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Breshanna Roberts		
			Name of Person	
		Breshanna Roberts	s, LLC	
	Firm/Company			
	14885 Mystic Lake Circle, Apt. 5108 Address			
	Address			
		Naples, FL 341	19	
			City/State and Zip Code	
			rcho@ gmail.com	
			to be used for future annual report notification)	
For fur	ther information o	oncerning this matter, please co	all:	
	Breshar	nna Roberts	239 276-1736	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address: Pagistration Section	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632	7	The Centre of Tallahassee	
	Tallahassee, I	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN -7 AM H: 18 Dwayne Roberts, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L18000249536 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: BRESHANNA ROBERTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 14885 Mystic Lake Circle, Apt 5108 Enter new principal offices address, if applicable: Naples, FL 34119 (Principal office address MUST BE A STREET ADDRESS) 14885 Mystic Lake Circle, Apt 5108 Enter new mailing address, if applicable: Naples, FL 34119 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida __ City

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>	<u>Name</u>	Address	Type of Action
MGR	Breshanna Roberts	14885 Mystic Lake Circl, Apt 5108, Naples, FL	
			□Remove
			□Change
MGR	Dwayne Roberts		🗆 Add
		7215 NW 49 Court., Lauderhill, FL 33319	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ffectiv	ive date, if other than the date of filing:		(optional)
f an effe <u>Note:</u> I	lective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the appent's effective date on the Department of State's record	olicable statutory filing requi	190 days after filing.) Pursuant to 605.02
record d is file	d specifies a delayed effective date, but not an effective led.	e time, at 12:01 a.m. on the	earlier of: (b) The 90th day after th
Dated _	06/05/22		
_		-	
	4		
	Signature of a member or au	uthorized representative of a me	ember

Typed or printed name of signee