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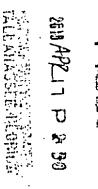
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		Ť	
SUBJE	Sive Brothe	rs, LLC	•	' y
SUDJE		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	C	
		Jeremiah Smith		
			Name of Person	
		4962 trinidad drive	Firm/Company	
		Land O Lakes FL 34639	Address	
For furt	her information co	E-mail address: (oncerning this matter, please c	to be used for future annual rep all:	ort notification)
Jeremia	h Smith		786 87766 at ()	556
	Name of	Person		Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

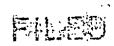
MAILING ADDRESS:

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



5ive Brothers, LLC

company has been notified in writing of this change.

ZENSAPRIT P 20 30

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
PAECA!! ASSEC PERFICE
The Articles of Organization for this Limited Liability Company were filed on April 03, 2019 and assigned
Florida document number 3003273835034
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
5ive Brothers Group, LLC
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)
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
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			Add
			□ Remove
			☐ Change
			Remove
			Change
		 	□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

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ectiv	e date, if other than the date of filing: (optional)
effec	tive 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 605.020
<u>te:</u> II umer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a seffective date on the Department of State's records.
	and annual fine and allowed offentive date, but not an effective time, at 12:01 a.m. on the earlier
he 9	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier a
0	1/08/2019
ed _	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00