L19000151367

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE JUL 12 2022		

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2022 JUL 11 AM 8: 28

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BREAK THE BANK	K LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. Fite
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
3/g/lattire		Vehicle Search
		Driving Record
Requested by: SETH	07/07	UCC 1 or 3 File
	$-\frac{07/07}{5}$	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In Phomisside GA &ro	Will Pick Up	Courier

COVER LETTER

Tallahassee, FL 32314

	egistration Selvision of Col			
CUD IECT		HE BANK LLC		
SUBJECT	·:	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		TERRY MILTON		
			Name of Person	
			Firm/Company	
		106 SE RIO CASARANO)	
			Address	
		PORT ST LUCIE, FL 349	84	
			City/State and Zip Code	
_			to be used for future annual report not	ification)
For further	information o	oncerning this matter, please c	all:	
MICHELE RODRIGUEZ		772 460-6786		
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for t	he following amount:		
□ \$25.00	Filing Fee	S30.00 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)
	lailing Addres		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREAK THE BANK LLC				
(Name of the Lim.	ited Liability Compa (A Florida Limited	thy as it now appears on Lisbility Company)	our records.)	—
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{06/17/2}{1}$	2019	nd ausigned
This amendment is submitted to amend the fol	lowing:			-
A. If amending name, enter the new name o	of the limited linb	ility company here:		
The new name must be distinguishable and contain the	words "Limited Lizbi	lity Company," the design	nation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:	106 SE RIO CASA	RANO	
(Principal office address MUST BE A STREET ADDRESS)		PORT ST LUCIE, I	L 34984	
		-		
Enter new mailing address, if applicable:		106 SE RIO CASAI	RANO	
Mailing address MAY BE A POST OFFICE BOX		PORT ST LUCIE, F	FL 34984	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our recor	rds, enter the name of th	ie new register
agent who or the new registered office addre	ess nere:			
Name of New Registered Agent:	TERRY MILTON			
New Registered Office Address:	106 SE RIO CA			
		Enter Florida s	urvei address	
	PORT ST LUC	CIE	, Florida 34984	
		City	Ziρ	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

Title	Name	Address	Type of Action
MGR	DHIRENKUMAR PATEL	500 VIRGINIA AVE SUITE 202	
		FORT PIERCE, FL 34982	= Remove
			□Change
AMBR	TERRY MILTON	9802 SW BASTBROOK CIR	= Add
		PORT ST LUCIE, FL 34987	□ Remove
			Change
AMBR	JOSEPH MASSEY	106 SE RIO CASARANO	= Add
		PORT ST LUCIE, FL 34984	□ Remove
			Change
			
			□Remove
			Change
			□ Ad d
			□Remove
			□Change
			□Add
			□Chance.

Page 2 of 3

It amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		
<u> </u>		
 		
(If an effective date is listed, the date must	date of filing:(optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, ck does not meet the applicable statutory filing requirements, this date will not be liste partment of State's records.	0207 (d as t
the record specifies a delayed) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlied is filed.	r of:
Dated	2022	
7		
	Signature of a member or authorized representative of a member	
2	-gr- pr	
TERRY MILTON	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO:

	stration Se tion of Cor			
	BREAK TI	HE BANK LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return i	all correspo	ondence concerning this matter	to the following:	
		TERRY MILTON		
			Name of Person	
			Firm/Company	
		106 SE RIO CASARANO	·	
			Address	· · · · · · · · · · · · · · · · · · ·
		PORT ST LUCIE, FL 349	84	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report no	tification)
For further inf	ormation c	oncerning this matter, please c	all:	
MICHELE R	ODRIGUE	z	772 460-6786	
Name of Person			me Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling 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		Street Address: Registration S	ection	
Division of Corporations		Division of Co	rporations	
	Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303