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(Do	cument Number)	
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COVER LETTER

Division of Co.			
M = 1 = 4 = 4 = 4 = 4	Brothers LLC		
SOBJECT:	Name of Lin	nited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Rohđe		
		Name of Person	
		Firm/Company	
	16088 Parque Ln		
		Address	
	Naples, FL 34110		
	ErikaStAngelo@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please e	all:	
Erika Rohde		313 477-2992 at ()	
Name o	d Person	Area Code Daytii	me Tetephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 6327		The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020. Hat Trick Brothers 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 $\frac{02/18/2020}{1}$ _____ and assigned Florida document number L19000177845 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 "LLC." 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

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.

City

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>	Address	Type of Action
AMBR	Erika Rohde	16088 Parque LN	= Add
		Naples FL 34110	□Remove
			□Change
			□Remove
			□ Change
		 	□Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	date of filing: _ it be specific and can ock does not meet	the applicab	date of filing or r le statutory filin	nore than 90 day	optional) s after filing.) Purs s, this date will	mant to 605.0207 (not be listed as t
he record specifies a delayed The 90th day after the reco	l effective date ord is filed.	e, but not	an effective	time, at 12:	01 a.m. on t	he earlier of:
•						
Dated	20	020	. •			
Dated June 17	Rende . 21	020	. •			
Dated	Rende Signature of a mem			e of a member		