

L19000 255 042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

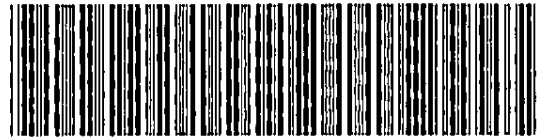
(Business Entity Name)

(Document Number)

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10/31/19--01009--016 **25.00

2019 OCT 31 PM 3:59

C. GOLDEN
DEC - 3 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brother Pastor LLC
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:

Matthew Moses
Name of Person

Brother Pastor LLC
Firm/Company

2065 N Highland Ave
Address

Clearwater FL 33773
City/State and Zip Code

JJSmokeShop 47@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Earl Burdette at (727) 252-4877
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2019 OCT 31 PM 3:59

Brother Pastor 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 10/10/2019 and assigned
Florida document number L190000855092

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)

11325 Starkey Rd
Largo FL 33723

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2065 N Highland Ave
Clearwater FL 33755

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:

Matthew S. Moses

New Registered Office Address:

2065 N Highland Ave

Enter Florida street address

Clearwater

Florida

33755

City

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.

Matthew S. Moses

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> |
|--------------|--------------------------|--------------------------------|---|
| AMBR → MGR | Earl Barde ne | 2065 N Highland Ave | <input checked="" type="checkbox"/> Add |
| | | 33755 | |
| | | Clearwater FL 33755 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

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.

Dated October 27 ~~27/10~~ 2019

Signature of a member or authorized representative of a member
Matthew S. Moses
Typed or printed name of signer