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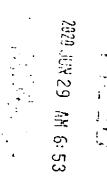
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AUG 12 2020 S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

ΓΟ: Registration Sec Division of Corp			
	ROTHERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	DANA M. KAUFMAN		
		Name of Person	
	KAUFMAN & COMPAN	Y, P.A.	
		Firm/Company	
	1001 BRICKELL BAY DI	R, STE 2650.	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	DKAUFMAN@KAUFMA	NCPAS.COM to be used for future annual report not	neovuv
For further information co	oncerning this matter, please ca	·	incanon)
DANA M. KAUFMAN		305 455-0314	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of Co	orporations	Division of Co	rporations
P.O. Box 6327	7	The Centre of '	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORRIS BROTHERS, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/20/2019	and assigned
Florida document number L19000288914	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	: 11:1100 C	. 2
the new name must be distinguishable and contain the words. Lim	med matriny Company, the designation "LLC	or the appreviation 3.L.C.
Enter new principal offices address, if applicable:		11
(Principal office address MUST BE A STREET ADDR	RESS)	29
		1915 - HI
		<u>6</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
Nam Booistared Office Adduses		
New Registered Office Address:	Enter Florida street address	
	ru.	
	, F10	orida

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DARREN KIPNIS	8765 15TH ST N	≣ Add
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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			Changa

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i'an effec Note: T	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
u is tile	
d is file Dated _	NE 25 2020
ı	Signature of a member or authorized representative of a member

Filing Fee: \$25.00