

L19 0000288914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

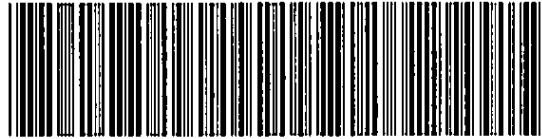
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2023 JAN -6 AM 9:01

09/26/22--01015--014 **25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2022

MORRIS SINGER
12254 SW 131 AVE
MIAMI, FL 33186

SUBJECT: BORRIS BROTHERS LLC
Ref. Number: L19000288914

FILED
2023 JAN -6 AM 9:01
TALLAHASSEE, FL

We have received your document for BORRIS BROTHERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 122A00028112

2022 JAN -6 AM 10:50

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BORRIS BROTHERS 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:

MORRIS SINGER

Name of Person

BORRIS BROTHERS LLC

Firm/Company

12254 SW 131ST AVE

Address

MIAMI, FL 33186

City/State and Zip Code

MORRIS@WHITAREWESMOKIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORRIS SINGER

516 369-8397

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

*PREVIOUSLY
PAID*

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 JAN -6 AM 9:01
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BORRIS 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 11/20/2019 and assigned
Florida document number L19000288914.

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.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

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.

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>
MGR	DARREN KIPNIS	8765 15TH ST NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2023 JAN 6 AM 9:01
CLERK OF DISTRICT COURT
JANUARY 6, 2023

2023 JAN - 6 AM 9:01
 601.4118 SEC. FL

FILED

(If an effective 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 605.0207 (3)(b)

Dated 12/20/2022, 2022

Mr. J. VP
Signature of a member or authorized representative of a member

Typed or printed name of signee