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FILLED
2022 JUN 24 AM 6: 33
SECRETAN OF STATE

A. BUTLER
SEP 16 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations						
BJECT: 2 Brost A Puppy, LLC  Name of Limited Liability Company						
Name of Limited Liability Company						
e enclosed Articles of Amendment and fee(s) are submitted for filing.						
ease return all correspondence concerning this matter to the following:						
Jesse Dean-Kluger						
Name of Person						
Jesse Dean-Kluger, P.A.						
1550 Biscayne Blud., #201						
Miani, F1 33132 City/State and Zip Code						
E-mail-address: (to be used for future annual report notification)						
r further information concerning this matter, please call:						
Jesse Dean-Kluger at 705, 534-3460						
Name of Person Area Code Daytime Telephone Number						
alored is a shook for the following amount:						
closed is a check for the following amount:						
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)						
Mailing Address:  Street Address:						
Registration Section Registration Section Division of Corporations Division of Corporations						

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF		
2 Bros + A F	UPPYL	K	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears	5 on our records.) 24 Air 6: 33	
		2/3/5/5 DE STATE	
The Articles of Organization for this Limited Liability Compa	ny were tiled on	// / / / / / / / / and assigned	Ţ
Florida document number <u>L200000 404</u> C	18		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the des	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			—
C			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Maining dadress WAT BE A FOST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or registered office	e address on our rec	cords, enter the name of the new reg	ister
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	ida street address	
		, Florida	
	Ciry	Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a			
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a			
being filed to merely reflect a change in the registered offi			. 1.7

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>	Address	Type of Action
AMBR	Marlene Sirota	12731 Tordley Drive	<b>X</b> Add
		Boca Raton, Florida 3	3428 □Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
		<u>.</u>	□Change
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			Change
<del></del>			□Add
			□Remove
			🗆 Change
		<del></del>	□Add
			□Remove
			□Change

Signature of a member or authorized representative of a member		
Fective date, if other than the date of filing:		
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