## L20000 123892

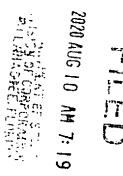
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## **COVER LETTER**

Whips By SUBJECT:	Bree, 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:	
	Aubrie Craig		
		Name of Person	
	Whips By Bree, LLC		
		Firm/Company	
	1317 E Hillsborough Ave		
		Address	<del></del>
	Tampa, FL 33604		
	1:11.0	City/State and Zip Code	
	whipsbybre@gmail.com E-mail address: (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	•	
Aubric Craig		813 296-0234 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration S	Section	Registration Sec	ction

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

TO:

Registration Section Division of Corporations

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

2020 A

Whips By Bree, LLC		Fig. 5
( <u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on May 12th.	2020 and assigned
Florida document number L20000123892	·	7: <b>19</b>
This amendment is submitted to amend the following:		10 Tr
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company." the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····
Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records	anton the name of the new
s. It amending the registered agent and/or register sigent and/or the new registered office address here		enter the name of the new registere
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 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
MGR	DREAMA S SANCHEZ	10322 ZACHARY CIR APT 178	□Add
		RIVERVIEW, FL 33578	■ Remove
			□ Change
MGR	AUBRIE R CRAIG	1863 LAKE CHAPMAN	<b>=</b> Add
		101	□Remove
		BRANDON, FL 33511	□ Change
			(☐ Add
		<del></del>	🗀 Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
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			□Remove
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		······································	□ <b>Λ</b> dd
			□Remove
			□ Change

n effectiv <u>ete:</u> If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	8/5/20
	Signature of a member or authorized representative of a member
	Aubrie Craiq