## 120000134562

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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10/14/21--01008--021 \*\*25.00

2021 OCT 14 PH 4: 03 SECRETARY OF STATE



## **COVER LETTER**

TO:

Registration Section

| Division of Co  | orporations                                     |   |  |                      |
|---|---|---|--|----------------------|
| ErnieBrut   | LLC   |   | •  |                      |
| SUBJECT:  | Name of Lin                                     | nited Liability Company   |  |                      |
| The enclosed Articles of  | of Amendment and fee(s) are sub                 | omitted for filing.   |  |                      |
| Please return all corresp   | nondence concerning this matter                 | to the following:   |  |                      |
|   | Ernest Brutus                                   |   |  |                      |
|   | <del></del>                                     | Name of Person  | <del></del>  |                      |
|   | ERNIEBRUTLLC                                    |   |  |                      |
|   | <del></del>                                     | Firm/Company  | <del>-</del>   |                      |
|   | 13200 nw 22ave                                  |   | SECR<br>TAL  | 2021 0               |
|   |   | Address   |  | OCT 14               |
|   | Miami Florida 33167                             |   | HASS   |                      |
|   | ErnieBrutLLC@gmail.com                          | City/State and Zip Code   | F STA  | 2021 OCT 14 PM 4: 03 |
|   |   | to be used for future annual report noti  | ilication) हो  | చ్                   |
| For further information   | concerning this matter, please c                | all:  |  |                      |
| Ernest Brutus   |   | 954 551-2331<br>at ()   |  |                      |
| Name  | of Person                                       | Area Code Daytim  | e Telephone Number   | <del></del>          |
| Enclosed is a check for   | the following amount:                           |   |  |                      |
| ■ \$25.00 Filing Fee  | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                   | ☐ \$60,00 Filing F<br>Certificate of \$<br>Certified Copy<br>(additional copy is | Status &             |
| Mailing Addre<br>Registration<br>Division of 0<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                   | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T<br>2415 N. Monroe | porations  |                      |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EKNIEBRU FLLC   |   |                               |
|---|---|-------------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on our re<br>Liability Company) | cords.)                       |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000134562}{1.20000134562}$ . | were filed on 05/18/2020                              | and assigned                  |
| his amendment is submitted to amend the following:  |   |                               |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                   |                               |
| Brutus13200 Logistics LLC   |   |                               |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "                      |                               |
| Enter new principal offices address, if applicable:   | 13200 nw 22ave  | 2021<br>SEC                   |
| Principal office address MUST BE A STREET ADDRESS)  | Miami, Fl 33167                                       | RE OC                         |
|   |   |                               |
| Enter new mailing address, if applicable:   | 13200 nw 22Ave  | PH 4:                         |
| Mailing address MAY BE A POST OFFICE BOX)   | Miami, Fl 33167                                       | 03<br>FL<br>FL                |
| . If amending the registered agent and/or registered office a<br>gent and/or the new registered office address here:            | address on our records, <u>en</u>                     | iter the name of the new regi |
| Name of New Registered Agent:   |   |                               |
| New Registered Office Address:  | Enter Florida street ad                               | ldress                        |
|   |   |                               |
|   | <br>Cin   | , Florida<br>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 |
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| ffective date, if other than the an effective date is listed, the date mote:  If the date inserted in this | DIOUK GOES HOL  | meet the applic    | able stainfory fr  | more than 90 day  | (optional)<br>s after filing ) I | Pursuant to 605,1  | )2()<br>4 s |
| ocument's effective date on the  | Department of   | State's records    |                    |                   | this date w                      | THE TAX COC TISTER | ,1 (4       |
| record specifies a delayed effect is filed.  | ve date, but no | ot an effective to | me, at 12:01 a.n   | n, on the earlier | of: (b) The                      | 90th day after     | the         |
| (P)/27<br>Hed  |                 | 2021               | _                  |                   |                                  |                    |             |
|  |                 | - JAA              | 7                  |                   |                                  |                    |             |
|  |                 |                    | <u>4~</u>          |                   |                                  | <del></del>        |             |
|  | Signature of a  | member or huthe    | rized representati | ve of a member    |                                  |                    |             |