L20000 188318

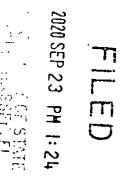
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COVER LETTER

TO:

mited Liability Company
bmitted for filing.
r to the following:
Name of Person
ille LLC.
Firm/Company
Address
City/State and Zip Code
(to be used for future annual report notification)
call:
210 621-4379
at () Area Code Daytime Telephone Number
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brother Bakers Jacksonville LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L20000188318	Company were filed on 07/02/2020	and assigned
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	nited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 \$
(Principal office address MUST BE A STREET ADDI	<u></u>	SEP 23
Enter new mailing address, if applicable:		PH D
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, 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>	Address	Type of Action
AMBR	James Longville		□Add
		7901 4th St N STE 300 St. Petersburg FL 33702	= Remove
			□Change
			□Add
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	09/0	5/2020				
ffective date, if other than the an effective date is listed, the date in	nust be specific and cannot	be prior to date of fili	ng or more than 90 days	optional) after filing.) Pur	rsuant to 60	5.020
Note: If the date inserted in this ocument's effective date on the	block does not meet the Department of State's r	applicable statuto: ecords.	ry filing requirements	s, this date will	not be lis	ited a
record specifies a delayed effect is filed.	ive date, but not an effe	ective time, at 12:0	l a.m. on the earlier of	of: (b) The 90	th day aft	er the
is med.						
	12:0	l a.m.				
9/05/2020 Dated						
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