LZO 000228214

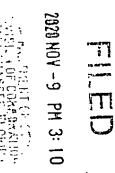
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2020

BRYAN THABIT 541 NE 17TH STREET BOCA RATON, FL 33432

SUBJECT: BROOKE THABIT INTERIORS, LLC

Ref. Number: L20000228214

We have received your document for BROOKE THABIT INTERIORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 320A00021509

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Co	rporations		
SUBJECT: BRO	OKE THABIT	INTERIORS, LLC	<u> </u>
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRYAN TI	4A81T Name of Person	
		Name of Person	
	****	Firm/Company	
	541 NE 1	7+4 5+.	_
		DN, FL 33432	
	BMTCPAI	City/State and Zip Code OMAIL. COM	
	E-mail address: (to be used for future annual report notificatio	n)
For further information c	oncerning this matter, please c	all:	
BryAN T	HABIT	at (<u>561</u>) 302 - 8 Area Code Daytime Telep	989
Name c	f Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	he following amount:		
E3 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address:	
Division of C		Registration Section Division of Corporat	ions
P.O. Box 632 Tallahassee, 1		The Centre of Tallah 2415 N. Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANGE THABIT FAITERINGS

	any as it now appears on our res	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	10000000000000000000000000000000000000
The Audience CAS of the Company of the Castle Castl	v were filed on 9//	コノコをここ
The Articles of Organization for this Limited Liability Company	y were filed on	
Florida document number L 20000 22 8214		望る
This may make me is subside a large many total of the con-		ب
This amendment is submitted to amend the following:		基制 石
A. If amending name, enter the new name of the limited liab	oility company here:	7. ž
The new name must be distinguishable and contain the words "Limited Liab	But Character with 1	
the reason made indicate distinguishable and contain the words. Elimited (131)	mily Company, the designation "I	LLC or the abbreviation "L.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, em	ter the name of the new registered
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	Iress
		Florida
	Cay	Zin 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			I(Change
			□Remove
			UChange
			🗆 Add
			[I]Remove
			ElChange
	-	- <u>-</u>	□Add
			□Remove
			ClChange
			SlAdd
		 -	□Remove
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)	
The BROOKE H. THABIT SPECIAL NEEDS	
IRREVOCABLE TRUST 75 the 100% Sole owner	
of Brooke Thabit Interiors LLC, "LLC" and	
•	
manages all monies of the LLC, pays all state,	
Local and Fedural taxes when applicable and	
his employees for the LLC as needed.	
The BROOKE H. THABIT SPECIAL NEEDS	
I RREVOCABLE TRUST EIN 15	
46-6153452,	
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	the
Dated 11/5/20	
Signature of a member or authorized representative of a member	
BRYAN THABIT	
Typed or printed name of signee	