L20000234520

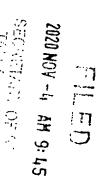
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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LA: 114/20

COVER LETTER

TO: Registration Security Division of Corp.			
	HOLDING COMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report no	differtion)
For further information c	oncerning this matter, please c		
LOVETTE DOBSON		888 462-3453 at ()	
Name o	f Person		me 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 Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BROS HOLDIN				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000234520}{L20000234520}$. This amendment is submitted to amend the following:		and assigned		
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1520 OHIO AVE SOUTH			
(Principal office address MUST BE A STREET ADDRESS)	mailing address, if applicable: Solution Column Co			
		Fig. 8		
Enter new mailing address, if applicable:	ig address, if applicable: MAY BE A POST OFFICE BOX) LIVE OAK, FL 32064			
• • • • • • • • • • • • • • • • • • • •				
Truning underess mill DETITOST OF THE BOX		<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	-		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida str		255		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is		

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
			□Add
			□Remove
			□Change
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f an effe <u>Note:</u>	ve date, if other than the date ctive date is listed, the date must be sp f the date inserted in this block dunt's effective date on the Department.	ecific and cannot loes not meet the	applicable statut	iling or more than 90 tory filing requirer	(optional) days after filing.) Pursu nents, this date will n	ant to 605.0207 ot be listed as
record d is file	specifies a delayed effective dated.	, but not an effe	ctive time, at 12:	01 a.m. on the ear	lier of: (b) The 90th	day after the
Dated _	OCTOBER 15	2020	1			
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Filing Fee: \$25.00