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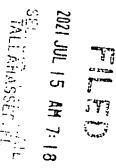
. (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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⊜ Kinsey

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT:		& Bros LLC	
	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:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	<del>-</del>
		3 Greenway Plaza #1320	·
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
	F	filings@swyftfilings.com to be used for future annual rep	nort motification)
For further information c	oncerning this matter, please co		or nomeanor)
Sonia B	ecerra	877 )	777-0450
Name o	f Person	at ( 877 ) Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Add	
Registration S			ion Section of Corporations
Division of C P.O. Box 632	•		or Corporations re of Tallahassee
Tallahassee, l			Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	-	
OF	57 - 7	Û
	40	
Bobby & Bros LLC	**************************************	
(Name of the Limited Liability Company as it now appears on our records.)		<del>-</del> -

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	08/14/2020	and assigned
Florida document number			
This amendment is submitted to amend the following:			
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	ility Company," the design	nation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applicable:	980 N. Fe	deral Hwy Suite 110	
(Principal office address MUST BE A STREET ADDRESS)	Boca Rat	on, FL, US 33432	
Enter new mailing address, if applicable:	980 N. Fe	ederal Hwy Suite 110	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Rat	on, FL, US 33432	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the nam	e of the new registe
Name of New Registered Agent:	-		
New Registered Office Address:	980 N. Federal Hv	<del></del>	
	Enter Florida s	ireel address	
	Boca Raton	, Florida	33432 Zin Code
	5 17U		730 L.OGF

## 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>	Name	Address	Type of Action
AMBR	SYLVESTER A RUCKER	980 N. Federal Hwy Suite 110	
		Boca Raton, FL, US 33432	□Remove
			🗷 Change
			□Add
			□ Remove
		<del></del>	□ Change
<del></del>		<del>_</del>	□Add
	-	~	□Remove
		<del></del>	□Change
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		<del></del>	□Remove
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: If t	date, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	- ,
filed.	6/25 2021
filed.	- , · · · · ·
ord sp filed.	- , · · · · ·

Filing Fee: \$25.00