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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: 4 BROTHERS	01110	
SUBJECT: 1 DROTHE Name of	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
- Karl Ti	homas Sharrah Name of Person	
4 820	THERS EV LL ( Firm/Company	
7717 SU	CR 794 Address	<del></del>
Lake Bu	City/State and Zip Code  Cah Ranail (am ass: (to be used for future annual report notification)	
K + Sha / E-mail addres	ss: (to be used for future annual report notification)	
For further information concerning this matter, pleas	e call:	
Name of Person	at ( <u>352</u> ) <u>363 - 7011</u> Area Code Daytime Telephon	ne Number
Enclosed is a check for the following amount:  \$\square\$ \square\$ \$25,00 Filing Fee &	□ \$55.00 Filing Fee & □ 5	\$60.00 Filing Fee.
Certificate of Status	Certified Copy radditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporation	iS

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 BROTHERS R	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L2000294707}{}$ . This amendment is submitted to amend the following:	vere filed on September 18th 7.2 and assigned
•	0.
A. If amending name, enter the new name of the limited liabil  4. BROTHERS, 202	···
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	- Ar
New Registered Office Address:	Enter Florida street address , 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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an effectiv <u>(ote:</u> If th	date, if other than the date of filing:
record sp I is filed.	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
ated	November 10th Zozo
	Signature of a member or authorized representative of a member
	Kall Thomas Sharrah Typed or printed name of signee