K20000358348

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COVER LETTER

TO:	Registration S Division of Co			
	BRONZI	LLC		
SUBJE	CT:			
		Name of Li	mited Liability Company	-
The enc	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matte	r to the following:	
		HEATHER DAVIS		
			Name of Person	·····
			Firm/Company	
		12367 GLEN KERNAN	PKWY N	
		JACKSONVILLE, FL 32	Address 224	1-8
		BROOKLYN@BRYKNO	City/State and Zip Code LO.COM	
		E-mail address:	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please o	all:	
HEATH	IER DAVIS		502 5002941	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	I is a check for th	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 Address		Street Address:	
	Registration S Division of C		Registration Sec	
	P.O. Box 632		Division of Cor	
	Tallahassee, F		The Centre of T	allanassee e Street Suite 810

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000358348	y were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al-	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	12367 GLEN KERNAN PKWY N		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32224		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14286 BEACH BLVD 19-168		
	JACKSONVILLE, FL 32250		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	R ₹ D	
Name of New Registered Agent:		9: 19 9: 19	
New Registered Office Address:		ਜ਼ ੇ	
	Enter Florida street address		
	, Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

BRONZILLC

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>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	t be specific and cannot be pri ock does not meet the appl	icable statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
The same of the fact				
record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
record specifies a delayed effective is filed. JANUARY 5	e date, but not an effective	time, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after the
record specifies a delayed effective is filed. JANUARY 5	2022	horized representative o		The 90th day after the