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COVER LETTER

TO:	Registration Section Division of Corporations	
	1215 Bagel Bros, LLC	
SUBJI	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Michael Rose	
	Name of Person	
	1215 Bagel Bros, LLC	
	Firm/Company	
	1194 Woods Landing Drive, Minneola, FL 34715	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Mich sel flose Area Code Area Code Daytime Telephone Number	
\ /	ed is a check for the following amount: 5.00 Filing Fee \$\ \text{S30.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1215 Bagel Bros, LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on November 23, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(2.2.5)	
		202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		in in
		- 3 O
B. If amending the registered agent and/or registered on a sent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
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 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>	<u>Address</u>	Type of Action
AMBR	Rubin Luster	2358 Windmill Way	
			□Add
		Myrtle Beach, SC 29579	
			■Remove
			□Change
AMBR	Matthew Rose	149 Mountain Ash Lane	_
		Myrtle Beach, SC 29578	70
			■Remove
			□Change
			Clange
		-	2021
			⊇ ⊆□Remove
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JA ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot ee: If the date inserted in this block does not meet th ument's effective date on the Department of State's	e applicable	te of filing or mo	re than 90 days a			
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cord specifies a delayed effective date, but not an eff s filed.	ective time, a	at 12:01 a.m. o	n the earlier of	:(b) The 90	th day a	after the
JANUARY 4 20	21					
ed	006					
Signature of a member	100 V					_