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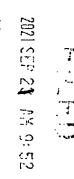
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	istration Sect ision of Corpo									
SUBJECT:	Double	Take	Brandin	a ted Liability Company						
			Name of Limit	red Liability Company						
The enclosed	l Articles of A	mendment an	d fee(s) are subr	nitted for filing.						
Please return	all correspond	dence concerr	ing this matter t	to the following:						
			Tzippo	rah Zwire, Name of Person	<u>~</u>					
				Name of Person						
		7	Double To	Tirm/Company	<u>~~~</u>					
			4631 N	W 30d Aven	ve		<i>(</i> ·	20		
		G	Zora Ra	ton El. 3	3431		247 17 17	2021 SEP 2Å AK 9:		
				City/State and Zip Code			: .	2		
			Double To E-mail address: (to	he Branding 6 o be used for future annua	9 gmail. Con Treport notification	<u>m</u>		35		
For further in	nformation con	cerning this r	natter, please ca	11:			, ,,,,,,, -	25 22 33		
Tzip	Porah Name of F	Zwirer Person		at (<u>845</u>) Area Code	641 -017 Daytime Telep	25 hone Number				
Enclosed is a	check for the	following am	ount:							
□ \$25.00 F	iling Fee	\$30.00 Fi Certifica	iling Fee & ate of Status							
	ling Address:			Street A						
Registration Section				Registration Section Division of Corporations						
Division of Corporations P.O. Box 6327				The Centre of Tallahassee						

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Ligbility Company A Florida Limited Liab	as it new appears on our ollity Company)	records.)			
The Articles of Organization for this Limited Lia Florida document number <u>L21000 00 6 916</u>		ere filed on <u>Decembe</u>	<u>- 29, 202</u> 0	2 an	ıd assig	ned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabilit	y company here:				
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designation	n "LLC" or the	abbreviation	on "L.L.	
Enter new principal offices address, if applica	ble: _					
Principal office address MUST BE A STREET	ADDRESS)					
	_			51E	2021	
Enter new mailing address, if applicable:	_	 			SE	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			<u> </u>	2	
					<u> </u>	
B. If amending the registered agent and/or request and/or the new registered office address	-	ress on our records,	enter the na	me of th	e new i	<u>registered</u>
Name of New Registered Agent:	Tzipporah	Zwiren				
New Registered Office Address:	4631 NW	Zwiren 3rd Avenue Enter Florida street	address			
	Boca Rator		Florida _	3343	(
		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>	Name	Address	Type of Action
MGR	Tzippy Zwiren	4631 NW 3'd Avenue	□Add
		Boca Ration, FL 33431	Ø Remove
			∭Change
MGR	Tzipporah Zwiven.	4631 AW 35d Avenue	□Add
		Boxa Raton, FL 33431	🗆 Remove
			 忆 Change
			□Add
			Remove S
	·		□ Change □ Add □ Change □ Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

Filing Fee: \$25.00