

L21000034844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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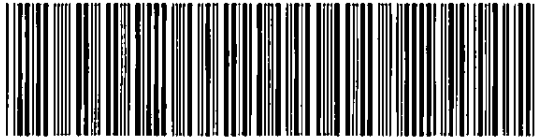
(Business Entity Name)

(Document Number)

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SECT. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bruce Brother's Beanery LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cody Bruce
Name of Person

Bruce Brother's Beanery LLC
Firm/Company

5642 Congress St
Address

New Port Richey / FL / 34653
City/State and Zip Code

 cbruce31@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Bruce at (813) 475-9072
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

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STATE OF FLORIDA
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bruce Brother's Beanery, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/19/2002 and assigned
Florida document number L21000034844

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5642 Congress St
New Port Richey / FL 34653

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ludy Bruce

New Registered Office Address:

5642 Congress St

Enter Florida street address

New Port Richey

City

Florida

34653

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

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JUL 16 2003
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

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>	<u>Type of Action</u>
Pres	LANGFORD, Lisa M	6832 Edgewater DR	<input type="checkbox"/> Add
		New Port Richey, FL 34652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRUCE, Tanner, A	8413 Millcreek Lane	<input type="checkbox"/> Add
		New Port Richey, FL 34667	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cody Bruce, Z	5642 Congress St	<input type="checkbox"/> Add
		New Port Richey / FL / 34653	<input type="checkbox"/> Remove
		Pres	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* Remove Pres Liss Langford + Address
6832 Edgewater DR, New Port Richey FL 34652

* Change Cody Bruce to Pres - Add New
address for Mailing: 5642 Congress St
New Port Richey / FL 34653

* Keep Tanner Bruce as MSR with Same
Address - No Changes

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 30th day after the record is filed.

Dated 6/30/2024



Signature of a member or authorized representative of a member

Cody Bruce

Typed or printed name of signee

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TALLAHASSEE, FL