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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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JUN 1'5 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

,3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/14/2021	_	**WALK	<i>IN**</i>
ENTITY NAME BREES	SE INDUSTRIES LLC		
***************************************			·
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy	***********	ħV
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Amendments Certificate of Good Standing	*:	<i>(</i>)
	APOSTILLE' / NOTARIAL CERTIFICATION		•
	TIPOSTILLE / HOTTINITIE DENTITIONITION	• • •	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED	_	
TOTAL OWED \$25.00			<u> </u>
		•	
Please call Tina at t	the above number for any issues or concerns. Thank you so	much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breese Industries LLC

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2021	and assigned
Florida document number L21000049806		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile	lity Company," the designation "LLC" or the	he abbreviation "Ł.L.C."
Enter new principal offices address, if applicable:	15017 North Dale Mabry Highway	
(Principal office address MUST BE A STREET ADDRESS)	1033	
	Tampa, FL 33618	
Enter new mailing address, if applicable:	15017 North Dale Mabry Highway	
(Mailing address MAY BE A POST OFFICE BOX)	1033	
	Tampa, FL 33618	_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the i	name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	L Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	_, ,
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further	agree to comply with the am familiar with and

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
AMBR	Brianna Breese	15017 North Dale Mabry Highway	
		1033	□Remove
		Tampa, FL 33618	≘ Change
			□Adđ
			□Remove
			□Change
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Caratan da e e e al antigo				
fective date, if other than the neffective date is listed, the date in this cument's effective date on the	sust be specific and cannot be problem. Block does not meet the app	licable statutory filing	(optional) e than 90 days after filing.) Purs requirements, this date will r	uant to 605.0207 not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The 90th	a day after the
June 11th	. 2021	·		
	/s/ Brianna	Breese		
	Signature of a member or at	thorized representative of	a member	

Filing Fee: \$25.00