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COVER LETTER

	gistration Se vision of Cor		· .
eun irer	BREEMOO	LLC	
SUBJECT	:	Name of Lim	ited Liability Company
The enclose	ed Anicles of	Amendment and fee(s) are sub	mitted for filing
		2	
		AYMAN GUIRGUIS	
			Name of Person
		BREEMOO LLC	
			Firm/Company
		1072 GROVE PARK CIRC	CLE
			Address
	33436		
	Name of Person BREEMOO LLC Firm/Company 1072 GROVE PARK CIRCLE Address BOYNTON BEACH, Ft. 33436 City/State and Zip Code AYMANBAS@GMAIL.COM E-mail address. (to be used for future annual report notification) r information concerning this matter, please call: GUIRGUIS Sol 289-5500 at (
		_	
Eur Grebor	information c		
		oncerning this matter, prease c	
AYMAN			361 289-5500 at()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
□ \$25.00	Filing Fee		Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
R D P.	egistration solvision of C O. Box 632 allahassee, I	Section Corporations 7	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

BREEMOO LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on ou Liability Company)	r reçords.)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.21000110638	y were filed on $\frac{03-08-20}{}$	21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited List	pility Company," the designar	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, <u>eater the name</u>	of the new registere
Name of New Registered Agent.		· ···-	
New Registered Office Address:			
	Enter Florida stre		·
		, Flo rida	707
N 10 10 10 10 10 10 10 10 10 10 10 10 10	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen			2 3
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my di provided for in Chapte	ity. I further agri ities, and I am fa er 605, F.S. Or; i	ee to comply with the milibr with and files document is

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
MGR	MINA G SOLIMAN	22244 BOCA RANCHO DR. APT # D. BOCA R	akun,Fc 33428
			□Remove
			□Change
			□Remove
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ective date, if other than the dat	e of filing:		(optiona	l)	
effective date is listed, the date must be stee. If the date inserted in this block of	specific and expant be prior	r to date of filing or mo	m than 90 days after filin	e Y Purseant u	605.03
ument's effective date on the Depart	tment of State's records	o	requirements, this uni-		
			• .	84.9	,
cord specifies a delayed effective dat	te, but not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b)	he oouthay	after ti
s filed.				Ō	177
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	nature of a member or auth				