# L21000147227

(Re	equestor's Name)	<del></del> _
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### Sunshine State Corporate Compliance Company

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

DATE 07/16/2021	•	•WALK
ENTITY NAME BREIZ		WALK
INTIT WAPIL		
OCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
**P!	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICATI	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #:  20160000072	, , , , ,
	5 8 HM	
Plane and Time at the	above number for any issues or concerns. Thank you so mu	.//

#### **COVER LETTER**

Division of C	orporations		
BREIZH SUBJECT:	LLC		
JOBSECT.	Name of Lin	nited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are suf	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Michael Sherman		
		Name of Person	
	Thomas G. Sherman, P.A.		
		Firm/Company	
	90 Almeria Avenue		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	mike@uniontitleservices.co		
For further information	e-mail address: (	to be used for future annual report notin	fication)
	concerning this matter, prease c	au:	
Mike Sherman		305 448-5898	
Name	of Person	at () Area Code Daytime	e Tetephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address: Registration Sec	etion

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

TO:

Registration Section

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

BREIZH, LLC		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our recormited Liability Company)	<u>ds.</u> )
he Articles of Organization for this Limited Liability Con	npany were filed on April 7, 2021	and assigned
lorida document number L21000147227		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
BREIZH 56, LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(22	_
The state of the s		
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ا ثن
		20 1-1
		<u> </u>
. If amending the registered agent and/or registered o	ffice address on our records, ente	r the name of the new registe
gent and/or the new registered office address here:		(c) (O)
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:		
	Enter Florida street addre	rss
	c	larida
	, <b>r</b>	lorida

#### 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>	Address	Type of Action
			□Remove
			□Change
	<del></del>		
			□ Remove
			□ Change
			□Remove
			□Change
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			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			∏ Changa

	<del></del>
E 66	dive date if atherets and day of the July 13, 2021
(If an e	tive date, if other than the date of filing: (optional)  (fective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	ment's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	iled.
	JULY 13 / 2021
Dated	
	Signature of a member or authorized representative of a member
	Michael Sherman, Authorized Representative of the Member(s)

Filing Fee: \$25.00