KZ1000148088

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



04/14/21--01014--024 **30.00

Office Use Only

. 1.12 R

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: Brotherly Technolog Name of Lim	og LLC ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Brett	Allen Smith Name of Person	
Brotherly To	echnology LLC Firm/Company	
214 Férnuss	d S4	
Leesburg b. Sbrotherly 1 E-mail address:	City/State and Zip Code ech Q Yuhoo. Com to be used for future annual report notifie	cation)
For further information concerning this matter, please c		
Brett Smith	at (352) 874-	0602
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
S25.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sectorial Division of Corporate of Ta 2415 N. Monroe Tallahassee, FL.	orations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brotherly Technology	gy LLC			
(Name of the Limited	Claptity Company Company Company	as it now appears of olity Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number L 210001480	bility Company we	re filed on Mar	th 30,20	21 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabilit	v company here	:	
Brotherly Technology LLC The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole: _	214 C	emwood	<u>5+</u> 39798
(Principal office address MUST BE A STREET	ADDRESS)	Leesburg	FL.	34748
Enter new mailing address, if applicable:	-	Same	as a	oove :
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _			<u></u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office add here:	tress on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	Brett	Smith		
New Registered Office Address:	214 fe	rruxd Enter Florida	sreet address	
	Lesburg	City	, Florida	39748 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.

Brutt SWA 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:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MOR	Andrea Smith	214 femwood St	_ □Add
		Leesburg FL, 34748	_ KRemove
			□Change
MGR	Brott Smith	214 Fern wood St	_ X\dd
		Leesburg FL , 34748	□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 90th day after the record is filed. But Signature of a member or authorized representative of a member

Filing Fee: \$25.00