

121 000 380 712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

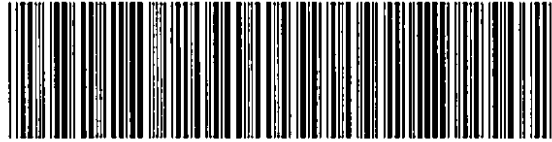
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 13 PM 3:21

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROTHERS LOPEZ 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:

MISTY ROMERO

Name of Person

MISTY ROMERO DBA LIBERTY TAX

Firm/Company

2695 EAST SILVER SPRINGS BLVD

Address

OCALA, FL 34470

City/State and Zip Code

LIBERTYSSBLVD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MISTY ROMERO

352 421-5862
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

BROTHERS LOPEZ 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 08/25/2021 and assigned
Florida document number L21000380712.

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)

210 NW 13TH STREET

OCALA, FL US 34475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14902 AVENIDA ANITA

CHINO HILLS, CA 91709

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:

MISTY ROMERO

New Registered Office Address:

2695 EAST SILVER SPRINGS BLVD

Enter Florida street address

OCALA

City

Florida 34470

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

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>
AMBR	ROLANDO LOPEZ	14902 AVENIDA ANITA	<input type="checkbox"/> Add
		CHINO HILLS, CA 91709	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OSMAN LOPEZ	14902 AVENIDA ANITA	<input type="checkbox"/> Add
		CHINO HILLS, CA 91709	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

UPDATE EIN NUMBER 87-2359106

UPDATE THE SPELLING OF ONE OF THE AMBR NAMES. CHANGE FROM ORLANDO LOPEZ TO
ROLANDO LOPEZ.

UPDATE THE REGISTERED AGENT FROM CHEYENNE MOSELEY TO MISTY ROMERO.

UPDATE THE MAILING ADDRESS FOR THE BUSINESS.

SEP 13 PM 3:27

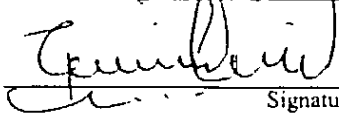
E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated SEPTEMBER 7, 2021



Signature of a member or authorized representative of a member

ROLANDO LOPEZ

Typed or printed name of signee