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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificate	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

Two Brotl	ners Restoration & Carpentry, L	LC .	•
SUBJECT:	. Name of Lin	nited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jose Pena		
		Name of Person	
		Firm/Company	
	137 Newbury Ave.		
	-	Address	
	Tampa, FL 33610		
	penarestoration@gmail.com	City/State and Zip Code	
	· -	to be used for future annual report not	afication)
For further information	concerning this matter, please c	all:	
Jose Pena		347 344-3562 at ()	
Name	of Person	Area Code Daysin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addra Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of '	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Two Brothers Restoration & Carpentry, LLC

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(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 November 5, 2021 and assigned Florida document number L21000480085 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	21 000 -6 101 3: 25	Type of Action
MGR	Jose O. Pena			🗆 Add
				□Remove
				Change
MGR	Chichi Pena			□Add
			-	□Remove
			-,	= Change
				□Add
				□Remove
				□Remove
			□Change	
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n effective date is listed, the date must b	late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
<u>ote:</u> If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Dep	bartment of State s records.
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	ignature of a member or authorized representative of a member

Filing Fee: \$25.00