121000496307

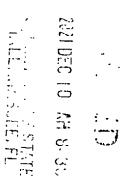
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900377651709

12/10/01--01019--007 **90.00



A. BUTLER DEC 2 7 2021

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:Th	rift Brothers Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Antonro</u>	R BoCe t'a Name of Person	
(additional copy is enclosed) Certified Copy	. <u>(</u>		
	916 SE 14th S	Address	
	Cape Coral F aboccio 10	L 33990 City/State and Zip Code	tication)
For further information e			incarron,
Robert Name o	Pensonie.u	at (<u>239</u>) <u>722-</u> Area Code Daytime	7691 e Telephone Number
Enclysed is a check for the	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	<u>Street Address:</u> Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.

_		LJ
Thrift	Brothers LLC	- 2021 DEC 10 AM 8.35
(<u>Name of the Limited Liabilit</u> (Α Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		2/20 MILLION SUFERFICE
The Articles of Organization for this Limited Liability Co	ompany were med on 11111	o 1303 and assigned
Florida document number <u>L21000496307</u>	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company, the design	nation "L.C." or the abbreviation "L.IC.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our recor	ds, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter Florida s	treet address
		Florida
	City	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

Title	<u>Name</u>	Address	Type of Action
Owner / President	Antonio R Boccio	915 SE 14th Street, Cope Con	<u> </u>
AMDK		916 SE 14th Street, Cape Core FL, 33990	Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

fra	The	Current H Bro	thes_	LL	i and	ha	vt	Ruh	;r	Pensur	1840
02	Sok	oune/ 1	Opera	101	of	Thit	Brot	hers	LL	Ċ	
•			1								
											
						_					
	<u>-</u>					·					
							**		-		
								•			
		·							•	**	
	· <u>-</u>	·		71							
		1				·					
											
	-	 				 -				_	
	-,			<u> </u>							
tive dat	e, if other t	han the date	of filing	: 11 / cannot be r	26 /	<u>202 }</u> of filing or	more that		option: after fili		nt to 605,0
		in this block d on the Depart				atutory fili	ng requi	rements	, this di	ite will no	t be listed
ord specif filed.	ies a delayec	l effective date	e, but not	an effectiv	ve time, at	12:01 a.m	on the	earlier o	f: (b)	The 90th c	lay after t
1.4		26		2.0	1						
d <u>IV</u>	<u>ovem bel</u>	26,		<u> 40 4</u>	<u> </u>						
		An	CAFO	R A	Bucche without and the) epresentativ	n af a se	mhor			
		. rigin	01 4 11		and the Coll	Syncochiatri	~ 171 U IUI	Little			