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(Requ	uestor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

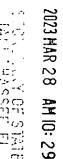
Office Use Only



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FILED
2023 HAR 28 AM 10: 29

# **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
SUBJE	COTTO:	Sis in Laws LLC			
SUBJE	C1:	Name of Lim	ited Liability Company		Name of the State
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Fabrizio I			
			Name of Person	<del></del>	
		ZenBusiness INC.			
			Firm/Company		<del></del>
		336 E College Ave. Ste 30	1		
			Address	,	
		Fallahassee, FL 32301			
			City/State and Zip Code		
		fulfillment@zenbusiness.cc			
		E-mail address: (	to be used for future annua	l report notific	cation)
For furth	her information of	oncerning this matter, please ca	all:		
Fabrizio	o C/O ZenBusine	ss INC.		37-7349	
	Name o	f Person	at () Area Code	Daytime	Felephone Number
Enclose	d is a check for the	he following amount:			
≣ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy radditional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
	Mailing Addres Registration S Division of C	Section	-	<u>.ddress:</u> ation Sect on of Corp	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, F1, 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bothers & Sis in Laws 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  $\frac{04/06/2022}{2}$ and assigned Florida document number  $\underline{1.22000166517}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brothers & Sis in Laws LLC 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: Emer 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
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# Page 2 of 3

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ective date, if other than a effective date is listed, the date e: If the date inserted in this ument's effective date on the	s block does not mee	et the applicable	ate of filing or more t statutory filing re	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605.02: will not be listed :
record specifies a dela- he 90th day after the r	yed effective datecord is filed.	te, but not ai	n effective time	e, at 12:01 a.m.	on the earlier
ed	·	2023			
		/s/ Kelly	James d representative of a		

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Filing Fee: \$25.00