L22000261304

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	ation Sec n of Corp				
SUBJECT:	TWO	BROTHER'S GENERA	AL REMODELING, LLC	•	
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all	correspor	ndence concerning this matter	to the following:		
			Noel Flores		
		·	Name of Person		_
		TWO BROTHE	R'S GENERAL REMODE	LING, LLC	_
			Firm/Company		
		900 W 74TH	STREET #105		_ 77 29
			Address		022) sec
		ł	HIALEAH, FL 33014		2022 AUG -9
			City/State and Zip Code	'	,*1 >
			FLORES305@gmail.com		PM 4:
For further info	rmation co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	կ: 50 Տ/մ Հ ըռեն <i>;</i>
		Flores	at (786) 521 - 96	82	7.
	Name of			Telephone Number	er
Enclosed is a cl	neck for th	ne following amount:			
□ \$25.00 Fili	ng Fec	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	ig Addres		<u>Street Address:</u> Registration Se	ction	
_		orporations	Division of Cor		
P.O.	Box 632	7	The Centre of T		010
Talla	hassee, l	FL 32314	2415 N. Monro	e Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO BROTHER'S GENERAL I	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) v Company)
the Articles of Organization for this Limited Liability Company were lorida document number <u>L22000261304</u> .	filed on 06/07/2022 and assigned
his amendment is submitted to amend the following:	
ins affendment is submitted to afficing the following.	
. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	- <u> </u>
	122 A
	AHA DUG
Enter new mailing address, if applicable:	Sill b
Mailing address MAY BE A POST OFFICE BOX)	mc re il
	0: +: \(\frac{1}{2}\)
	50 S
3. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Tity 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 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>	Address	Type of Action
AMBR	Julio Cesar Flores	1121 NW 100st, Miami, FL 33150	(X)Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		TĂI LAGASSEE.	AUGRemove.
		ELORUD A	Fi Changer-
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If an effective	ate, if other than the date is listed, the date must	be specific a	and cannot be pr	ior to date of tilin	g or more than 9	option (option) 0 days after fi	ling.) Purs	uant to 60	05.0207 (
	e date inserted in this blo effective date on the De				y filing require	ments, this o	late will t	not be li:	sted as t
	cifies a delayed effective	s data but u	an affactiv	s time at 12:01	a man tha an	rliar of: (b)	The Oft	h day af	ter the
rd is filed.	emes a delayed effective	date, out n	ioi an effective	time, at 12.01	a.m. on the ca	rijer or. (or	THE AR	ii day ai	iei ine
Dated	August 3	4	202	2					
		Wall.	I. Felle						
_	<u> </u>	Signature of	f a member or a	ithorized represe	ntative of a men	nber			

Typed or printed name of signee