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SECRETARY OF STATE

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COVER LETTER

Division of C			
SUBJECT:	Branch and D Name of Limi	Auther LLC ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Dakot	O Branch Name of Person	
		Firm/Company	
	P.O Box	7475 Address	
	Indian 1	Lake EStates, Fl City/State and Zip Code	33855_
	dakotat E-mail address: (t	oranch 23 @ amajor to be used for future annual-report not	1 COM
For further informatio	n concerning this matter, please ca	all:	
<u>Dakota</u>	Branch e of Person	at (<u>863)</u> 67 Area Code Daytin	7 - 7394 ne Telephone Number
Enclosed is a check for	r the following amount:		
25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Add Registratio	n Section	Street Address: Registration So	
P.O. Box 6	f Corporations 327	Division of Co The Centre of	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Branch and Dauther 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
Florida document number <u>L22006328001</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Branch and Daughter ILC 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)
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, <u>enter the name of the new registered</u> igent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
	-		□Remove
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		<u>. </u>	□Remove
			□Change

	Name was spelled incorrectly
	at time of original filing is the
	at time of original filing is the reason for the change.
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(If an effective da <u>Note:</u> If the da	e, if other than the date of filing:
the record specificord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 11 . 2022.
	Signature of a member or authorized representative of a member
	Dakota Branch Typed or printed name of signee

Filing Fee: \$25.00