

11/12/24, 1:49 PM
L23000005333
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000375956 3)))



H240003759563ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

FILED
2024 NOV 12 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 NOV 12 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
365 BRXTHE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 365 BRXTHE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town

Name of Person
Legalzoom.com, Inc.

Firm/Company
9900 Spectrum Dr

Address
Austin, TX 78717

City/State and Zip Code
dakota@365brxthe.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town 800 773-0888

Name of Person at () Area Code Daytime 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

365 BRXTHE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 NOV 12 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/03/2023 and assigned
Florida document number L23000005333.

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 "L.L.C."

Enter new principal offices address, if applicable:

1250 E Madison St., Unit 423

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33602

Enter new mailing address, if applicable:

1250 E Madison St., Unit 423

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33602

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dakota William Keller		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1250 E Madison St., Unit 423 Tampa, FL 33602	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 NOV 12 PM 4:32
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW

FILED
2024 NOV 12 PM 4:32
SECRET
TALLAHASSEE FLORIDA

Filing Fee: \$25.00