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Account Number : I20010000062 Phone : (323)962-8600

Phone : (323)962-8600 Fax Number : (323)389-0502 FILE PH 4: 32
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 365 BRXTHE LLC

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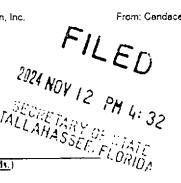
TO:		istration Secti sion of Corpo				
cun ir	err.	365 BRXTHE	LLC			
SUBJE	CI:		Name of Limi	ted Liability Company		<u> </u>
The enc	losed	Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please o	etum	all correspond	ence concerning this matter t	to the following:		
			Mike Town			
			<del></del>	Name of Person	<del></del>	
			Legalzoom.com, Inc.			į.
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			dakota@365brxthe.com	City/State and Zip Code		<del></del> _
			E-mail address. (t	o be used for future annual re	eport notification)	
For fund	her in	formation con	cerning this matter, please ca	11:	·	
Mike T	own			800 773- at () Area Code	-0888	
		Name of Po	erson	Area Code	Daytime Teleph	none Number
Enclose	d is a	check for the	following amount:			
□ \$25	.0 <del>0</del> F	iling Fee	S30.00 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) 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 "LLC." 1250 E Madison St., Unit 423 Enter new principal offices address, if applicable: Tampa, FL 33602 (Principal office address MUST BE A STREET ADDRESS) 1250 E Madison St., Unit 423 Enter new mailing address, if applicable: Tampa, FL 33602 (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: Enter Florida street address City 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:

LegalZoom.com, Inc

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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