

L23000304745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

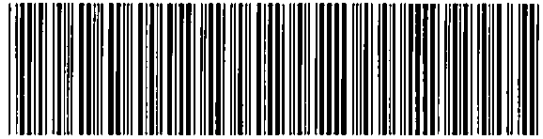
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2024 DEC 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIN BROS 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:

NOLAN C MOSER

Name of Person

MY BUSINESS MAGNET LLC

Firm/Company

2237 IRONSTONE DR W

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

NOLAN.MYBUSINESSMAGNET@GMAIL.CO

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

For further information concerning this matter, please call:

NOLAN C MOSER

859

585-0804

Name of Person

at (

_____)
Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BIN BROS 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 06/26/2023 and assigned
Florida document number L23000304745

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MY BUSINESS MAGNET LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L. L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2237 IRONSTONE DR W

JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2237 IRONSTONE DR W

JACKSONVILLE, FL 32246

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:

2237 IRONSTONE DR W

Enter Florida street address

JACKSONVILLE, Florida 32246

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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 DEC 17 AM 9:30
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TALLAHASSEE, FL

2024 DEC 16 AM 8:23

SECRETARY
TALLAHASSEE

~~_____~~

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2024 DEC 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL
5,0207130(b)
uant to

Dated 10/23/2024 2:22 PM

Robert M. Maser

NOLAN C MOSER

Filing Fee: \$25.00