

L24000000312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

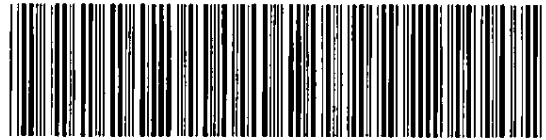
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 27 2024

Office Use Only



700435260977

08/23/24--01129--L03 \*\*35.00

FILED  
2024 AUG 23 PM 3:22  
J. HORNE 700435260977

# State of Florida

## Department of State

I certify from the records of this office that BONE AND BRASS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on February 01, 2024, effective January 28, 2024.

The document number of this company is L24000060372.

I further certify that said company has paid all fees due this office through December 31, 2024, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 240205151336-700423125157#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Fifth day of February, 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BONE & BRASS 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:

TRACY HENNING  
Name of Person

BONE & BRASS LLC  
Firm/Company

94967 COUNAGO CT  
Address

FERNANDINA BEACH, FL 32034  
City/State and Zip Code

TRACY@BONEBRASS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY HENNING at (904) 716-1744  
Name of Person 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 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**

**BONE & BRASS LLC**

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

FILED  
2024 AUG 23 PM 3:22  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/1/24 and assigned  
Florida document number L24000060372

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:

(Principal office address MUST BE A STREET ADDRESS)

94967 COLNAGO CT  
FERNANDINA BEACH, FL 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

94967 COLNAGO CT  
FERNANDINA BEACH, FL 32034

**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:

94967 COLNAGO CT

*Enter Florida street address*

FERNANDINA BEACH, Florida 32034

*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>
MGR	TRACY HENNING	94967 COLNAGO CT	<input type="checkbox"/> Add
		FERNANDINA BEACH	<input type="checkbox"/> Remove
		FL 32034	<input checked="" type="checkbox"/> Change
AMBR	CHLOE C. FROMME	709 WANDOOT BLVD	<input type="checkbox"/> Add
		CHARLESTON, SC 29407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMERON J. FROMME	180 NE 29TH ST	<input type="checkbox"/> Add
		APT 1114	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<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

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 20, 2024.

Signature of a member or authorized representative

TRACY HENNING  
Typed or printed name of signee

TO: Registration Section  
Division of Corporations

SUBJECT: BONE & BRASS LLC  
Name of Limited Liability Company

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Name of Person

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Firm/Company

94967 COLNAGO CT  
Address

FERNANDINA BEACH, FL 32034  
City/State and Zip Code

TRACY@BONEBRASS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY HENNING at (904) 716-1744  
Name of Person Area Code Daytime Telephone Number

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TO  
ARTICLES OF ORGANIZATION  
OF

BONE & BRASS LLC

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

FILED  
2024 AUG 23 PM 3:22  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/1/24 and assigned

Florida document number L24000060372

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:

(Principal office address MUST BE A STREET ADDRESS)

94967 COLNAGO CT  
FERNANDINA BEACH, FL 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

94967 COLNAGO CT  
FERNANDINA BEACH, FL 32034

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New Registered Office Address:

94967 COLNAGO CT

Enter Florida street address

FERNANDINA BEACH, Florida 32034  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

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If Changing Registered Agent, Signature of New Registered Agent



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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TRACY HENNING	94967 COLNAGO CT	<input type="checkbox"/> Add
		FERNANDINA BEACH	<input type="checkbox"/> Remove
		FL 32034	<input checked="" type="checkbox"/> Change
AMBR	CHLOE C. FROMME	709 WANDOOT BLVD	<input type="checkbox"/> Add
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		MIAMI, FL 33137	<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. The lines are thin and black. The background is plain white.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 20, 2024

TRACY HENNING  
Typed or printed name of signer

**Filing Fee: \$25.00**