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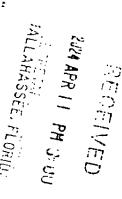
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Name)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO: Registration Section Division of Corporations

MASSINA SUBJECT:	BROTHERS LLC		
SUBJECT:	Name of Limi	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JACKY VILLALOBOS		
		Name of Person	
	FILEJET INC.		
		Firm/Company	
	10440 PIONEER BLVD S	TE 8	
		Address	
	SANTA FE SPRINGS, CA	90670	***
		City/State and Zip Code	
	REGISTEREDAGENT@FI		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	-:
JACKY VILLALOBOS		949 259-5955 at ()	0
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

w appears on our records.) ompany)
ed on 02/12/2024 and assigned
pany here:
ny," the designation "LLC" or the abbreviation "L.L.C."
• • •
Ç.?
:. =
on our records, <u>enter the name of the new regis</u>
Enter Florida street address
, Florida Zin 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 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>	Name	<u>Address</u>	Type of Action
MGR	Pierre-Carlos Alexandre Massina	4675 W 18TH CT	■Add
		HIALEAH, FL 33012	Remove
			☐ Change
MGR	MASSINA. PIERRE C	4675 W 18TH CT	□ Add
		HIALEAH FL 33012	=Remove
			□ Change
			□Add
		Remove	
			☐ Change
			☐ Add
			☐ Change
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	<u>.</u>	·	***			
Fiffective date if other than	the date of filin	g•		(antio	nal)	
. Effective date, if other than (If an effective date is listed, the date). Note: If the date inserted in the	ris block does not r	neet the applica	o date of filing or mo ble statutory filing	re than 90 days after requirements, this	filing.) Pursuant to date will not be	605.020° listed as
document's effective date on t	he Department of S	State's records.				
f the record specifies a delayed ef	fective date, but not	t an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day a	after the
ecord is filed.						
Dated 4/20		2024				
Dateu		Mass	_			