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ECRETARY OF STATE

FILED

COVER LETTER

TO:

TO: Registration Se Division of Cor			
BIG BROT	HERS 29 HOSPITALITY SUI	PPLY LLC	
SUBJECT:	Name of Lim	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:	
	Roger Quintero		
	242	Name of Person	
		Firm/Company	
	1900 S TREASURE DR 5	Address	
	NORTH BAY VILLAGE,		
	Rogervigil@hotmail.com	City/State and Zip Code to be used for future annual report no	Ufication
For further information e	oncerning this matter, please c		titication)
Roger Vigil		786 7812231 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BROTHERS 29 HOSPITALITY SUPPLY LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L24000203104	y were filed on $\frac{05/01/202}{}$	4 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024 NO SECRE
		7-6 1-6
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my du provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Roger Vigil	1900 S TREASURE DR, APT 5F	□Add
		NORTH BAY VILLAGE, FL 33141	
			■ Change
			□Add
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			□ Change
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			□Change

feetive date, if other than the date of filing: 11/1/2024 (optional) In effective date, if other than the date of filing: In 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. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filled. Signature of a member or authorized representative of a member	in the bank I could not open the	ne account for the company due to the difference in the name between
fective date, if other than the date of filing:	the ID and the name of the com	npany, I need to change it to Roger Vigil, thank you
fective date, if other than the date of filing:		
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ared	is filed.	
Signature of a member or authorized representative of a member		2024
Signature of a member or authorized representative of a member		. 2024
	nted November 1	··