UIDIO

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	-
— (Ci	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor	ction porations						
CTID II	ecc.	Bronson Management, I	rc					
SUBJ	EC1:	Name of Limi	ted Liability Company					
The en	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Alexande	er J. Ombres					
			Name of Person					
		Mateer &	t Harbert, P.A.					
			Firm/Company					
		225 E. Robinson Street, Suite 600						
			Address	· · · · · · · · · · · · · · · · · · ·				
		Orlando, I	FL 32802-2854					
			City/State and Zip Code					
		~	mateerharbert.com to be used for future annual report notifi	cation)				
For fu	rther information c	oncerning this matter, please ca	·					
Alexa	ınder J. Ombres		407 425-9044					
	Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	ne following amount:						
□ \$ 2	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

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1110110. 030 330 4300	
ACCOUNT NO. :	I2000000195
REFERENCE :	348843 6471A
AUTHORIZATION :	Spellekenen
COST LIMIT :	\$ 30.00
ORDER DATE : July 10, 2020	
ORDER TIME : 9:29 AM	
ORDER NO. : 348843-010	
CUSTOMER NO: 6471A	
DOMESTIC AMENDM	ENT FILING
NAME: BRONSON MANAGEMENT	, LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORA	ATION :
PLEASE RETURN THE FOLLOWING AS PROOF	F OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	? 9
CONTACT PERSON: Amanda Robinson	EXT# (029108

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	on Management, L			2 27 1: 54
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records,)	
The Articles of Organization for this Limited Li Florida document number L11000000020	ability Company	were filed on $\frac{12/3}{}$	0/2011	and assigned
This amendment is submitted to amend the following	wing:			•
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		225 E. Robinson	Street, Suite 600	
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando, FL 328	02-2854	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		··········
B. If amending the registered agent and/or re		address on our rec	ords, enter the n	ame of the new register
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Alexander J. Ombres			
New Registered Office Address:	225 E. Robi	nson Street, Suite 60	0	
		Enter Florid	a street address	
	Orlando		, Florida	32802-2854
		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>	Address	Type of Action
MGR	Matthew W. Bronson	P. O. Box 700148, St. Cloud, FL 34770	■Add
			□Remove
			□Change
			□Remove
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If an effective da <u>Note:</u> If the d	e, if other than the is listed, the date mate inserted in this fective date on the	ust be specific and block does not r	d cannot be prior t meet the applica	o date of filing or mo	(optice than 90 days after requirements, this	filing.) Pursuant to (505.0207 isted as t
e record specif rd is filed.	ies a delayed effect	ive date, but not	t an effective tir	ne, at 12:01 a.m. or	the earlier of: (b) The 90th day a	fter the
Dated	July 9	77	, 2020	1/)		

Filing Fee: \$25.00