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(Ad	dress)	
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SECRETARY OF STATE
TALLAHASSEE F. STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Linda Bradish UC 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:	
Linda Bradish Name of Person	-
hada Bradish UC Firm/Company	-
8715 Christie Ct	_
Address	
Tampe FL 33637 -3300 Fm City/State and Zip Code PR	2015
brook 8715 @ acl. com E-mail address: (to be used for future annual report notification)	
${f r}_{ m o}$	8 7
Linda Bradish at (813) 294-831977 ;	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I ha Bradis	Luc	
(Name of the Limited Li (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili		22 20 and assigned
Florida document number <u>LII 00084492</u>	<u></u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Linda Brow	okshire LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AI	DDRESS)	20.53
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on our	SECRETARY OF STATE A III & STA
•		
New Registered Office Address:	Enter Florida st	reet address
_		, Florida
	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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGRM	Linda Bradish	8715 Christie Ct.	
		Tampa FC 33637-3	<u>S</u> □ Remove
			Change
			🗀 Add
			Remove
		SEGRETARY OF STATE TALLAHASSEE. FLORIDA	Add Remove
	<u> </u>	••••••••••••••••••••••••••••••••••••••	Add
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or tee: If the date inserted in this block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 60: Iling requirements, this date will not be list
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	e time at 12:01 a.m. on the earli
The 90th day after the record is filed.	e time, at 12.01 a.m. on the cam
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Filing Fee: \$25.00