

(Requi	estor's Name)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
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(Docui	ment Number)	
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SECRETARY OF STATE

FILED

D. BRUCE MAY 09 2017

COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	CT: BRA	VE PERSPECTIVE L	LC			
		Name of Lim	ited Liability Company			
The enc	losed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresponde	ence concerning this matter	to the following:			
		Edward Stahlin	N. CD			
			Name of Person			
		Direct Incorporation	Firm/Company			
		315 W Huron St	Address			
			Address			
		Ann Arbor MI 48		****		
			City/State and Zip Code			
	_		ectincorporation.com to be used for future annual report notifi	(antion)		
For furth	ner information conc	erning this matter, please co	<u>-</u>	Cauony		
Edw	ard Stahlin		at (<u>877</u>) 281-649			
	Name of Pe	rson	Area Code Daytime	Telephone Number	BIJ MAY SECRET	П
Enclose	d is a check for the fe	ollowing amount:) (0.55 0.55	7
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie (ling Fee, ne. of Status & Copy W.	ILED

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

BRAVE PERSPECTIVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/22/2017 and assigned Florida document number L17000066009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rolling Dodger LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida City

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.

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

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
			Add
			Remove
			□ Change
			□ Remove
			Change
			□ Add
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			Change
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If an effecti Note: If t	e date, if other than the date of filing: (of ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records.	optional) after filing.) Pursuant to 60: this date will not be list	5.0207 (3 ted as th
	rd specifies a delayed effective date, but not an effective time, at 12:0 Oth day after the record is filed.	01 a.m. on the earlie	er of:
Dated _/\	Nay 3 2017		
	Nay 3 2017		
	Signature of a member or authorized representative of a member		
	Nicholas Egide Piard		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00