

L18000 277 143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800351747988

09/09/20--01035--005 \*\*25.00

SEP 10 10 53 AM  
TALLAHASSEE, FL

2020 SEP -9 AM 7:53

F1170

D. BRUCE  
OCT 21 2020

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BREATHE CLAN AGAIN 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 11/30/2018 and assigned  
Florida document number 1.180002771-43.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

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)

2. 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: BRIAN MONTGOMERY  
New Registered Office Address: 13818 SW 152ND STREET  
*Enter Florida street address*  
MIAMI Florida 33177  
City Zip Code

3. Enter 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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -9 AM 7:53

FILED

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager  
MIBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|-----------------------|-----------------------|--|
| IGR          | VALENTYNA SLOBODENYUK | 13818 SW 152ND STREET | <input type="checkbox"/> Add               |
|              |                       | SUITE 291             | <input checked="" type="checkbox"/> Remove |
|              |                       | MIAMI, FL 33177       | <input type="checkbox"/> Change            |
| IGR          | BRIAN MONTGOMERY      | 13818 SW 152ND STREET | <input checked="" type="checkbox"/> Add    |
|              |                       | SUITE 291             | <input type="checkbox"/> Remove            |
|              |                       | MIAMI, FL 33177       | <input type="checkbox"/> Change            |
|              |                       |                       | <input type="checkbox"/> Add               |
|              |                       |                       | <input type="checkbox"/> Remove            |
|              |                       |                       | <input type="checkbox"/> Change            |
|              |                       |                       | <input type="checkbox"/> Add               |
|              |                       |                       | <input type="checkbox"/> Remove            |
|              |                       |                       | <input type="checkbox"/> Change            |
|              |                       |                       | <input type="checkbox"/> Add               |
|              |                       |                       | <input type="checkbox"/> Remove            |
|              |                       |                       | <input type="checkbox"/> Change            |
|              |                       |                       | <input type="checkbox"/> Add               |
|              |                       |                       | <input type="checkbox"/> Remove            |
|              |                       |                       | <input type="checkbox"/> Change            |

SECRET  
TALLAHASSEE, FL

2020 SEP -9 AM 7:53

END

3. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

4. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)
(If an 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(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed

Dated SEPTEMBER 2 2020

Handwritten signature of Brian Montgomery

Signature of a member or authorized representative of a member

BRIAN MONTGOMERY

Typed or printed name of signee

Filing Fee: \$25.00

2020 SEP -9 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FL