## L1900119262

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
0116511		ONSULTING GROUP		
SORTI	ECT:		ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ELIZABETH J. BEAM		
			Name of Person	
		BRAVA CONSULTING		
			Firm/Company	<del></del>
		3552 SWALLOW DRIVE		
			Address	<del></del>
		MELBOURNE, FL 32935		
		beth@bravacg.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notali-	cation)
For fur	rther information c	oncerning this matter, please co	all:	
ELIZA	аветн веам		321 423-3964 at ( )	
	Name o	f Person	at () Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAVA CONSULTING GROUP, LLC		
(Name of the Limited L (A)	iability Company as it now appears on our recordorida Limited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liabi	lity Company were filed on MAY 02, 2019	and assigned
Florida document number 119000119262	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "El.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u>-                                </u>
(Principal office address MUST BE A STREET A	DDRESS)	
		Te se m
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	401 <b>89</b>
B. If amending the registered agent and/or		ds, enter the name of the n
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
-	, F	lorida

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
AMBR	C. JAY WYNN	5051 S. NATIONAL, SUITE 7A SPRINGFIELD, MO 65810	
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Typed or printed name of signee

Filing Fee: \$25.00