

10/13/21, 9:30 AM

Division of Corporations

05000103180

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2021 OCT 13 AM 10:15

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRH GROUP, LLC

2021 OCT 13 PM 1:06  
FILED  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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VH

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRII GROUP, 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 10/19/2005 and assigned Florida document number L05000103180.

This amendment is submitted to amend the following:

**A. 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)

**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 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

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STATE OF FLORIDA

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>     | <u>Address</u>     | <u>Type of Action</u>                   |
|--------------|-----------------|--------------------|---|
| AMBR         | AQUILES CORRADI | 2250 SW 3RD AVENUE | <input checked="" type="checkbox"/> Add |
|              |                 | 100                | <input type="checkbox"/> Remove         |
|              |                 | MIAMI, FL 33129    | <input type="checkbox"/> Change         |
|              |                 |                    | <input type="checkbox"/> Add            |
|              |                 |                    | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Change         |
|              |                 |                    | <input type="checkbox"/> Add            |
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