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COVER LETTER

	gistration Sec vision of Corp						
CUD IF CT		VESTMENT GROUP, LLC					
SUBJECT:	·	Name of Limited Liability Company					
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspor	ndence concerning this matter	to the following:				
		KAREEM BRANTLEY					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		KML BRAVIS, LLC					
			Firm/Company	-			
		PO BOX 681943					
		· · · · · · · · · · · · · · · · · · ·	Address				
		MIAMI, FL 33168					
			City/State and Zip Code				
		KAREEM@BRAVISGRO					
		E-mail address: (to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please co	all:				
KAREEM	BRANTLEY		305 206-7018				
<u>, </u>	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	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:

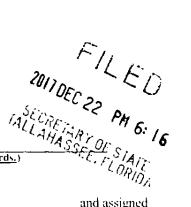
TO:

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



BRAVIS INVESTMENT 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 Comp	any were filed on 01/11/2005	and assigned		
Florida document number L05000003339				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
KML BRAVIS, LLC				
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flo	orida		
	•	Zip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, an as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		

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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□ Add
			☐ Remove
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ne 90th day a	fter the record is	s filed.					
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d <u>DECEMBER</u>	18	201	7 <i>2</i> ; ·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00