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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B (a CC 5
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth Shapico
BRACE SHOQ LLC Firm/Company
P.O. BOY 88024.
BOCA RAYOU F 33488 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S6) 171-949 77 2 2 Area Code Daytime Telephone Number 2
SSE 2
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S30.00 Filing Fee & S55.00 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

BRACE SHO	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	THE BRACE SHOP 1746 COSTA DEC SOL
	BOCA MATON, FL 33432
Enter new mailing address, if applicable:	THE BLACE SHOP
(Mailing address MAY BE A POST OFFICE BOX)	18.0. BOY 88024
	1 BCCA NATON, FL 33408
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: TEV SI	49000
)	Enter Florida street address Fin
Bea	nma Florida: 33452
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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.

<u>Title</u>	<u>Name</u>	Address Type of Action
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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an effective date	if other than the is listed, the date must inserted in this bl	st be specific and	cannot be prior	to date of tiling or	more than 90 da	(optional) Santavitina i	 O	LS 605 03
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Page 3 of 3

Filing Fee: \$25.00