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## **COVER LETTER**

Division of Cor	porations		·
SUBJECT: Bravado I	Holdings LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Julie Morrison		
		Name of Person	
	Bravado Holdings L	LC	
		Firm/Company	
	230 Bravado Lane		
		Address	
	Palm Beach Shores		
		City/State and Zip Code	
	bravadoholdings@g F-mail address: (	mail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
Julie Morrison		at ( <u>561</u> ) <u>352-4161</u> Area Code Davtime	
Name o	f Person	Area Code Daytime	* Telephone Number
Enclosed is a check for the	ne 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

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

Bravado Holdings LLC			
( <u>Name of the Limited I</u> (A F	iability Company as it now appears on a lorida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on Februa	ary 18, 2010	and assigned
Florida document number <u>L10000018550</u>			
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 designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u></u>		200
			ω :
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office</li> </ol>	registered office address on our address here:	records, enter	the name of the
			ئن
Name of New Registered Agent:	Julie Morrison		
New Registered Office Address:	230 Bravado Lane		
	Enter Florida str	eet address	
_	Palm Beach Shores	, 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

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>	Name	Address	Type of Action
MGR	Julie Morrison	230 Bravado Lane, Palm Beach Shores, FL 3	33404_ <b>■</b> Add
			Remove
			Change
MGR	Julie Williams		
		230 Bravado Lane, Palm Beach Shores, FL 3	3404 ■ Remove
			Change
MGR_	Kevin Morrison	230 Bravado Lane, Palm Beach Shores, FL 33	3404 <u></u> <b>■</b> Add
		***	Remove
			☐ Change
MGR	Vertical Attraction LLC		Add
		230 Bravado Lane, Palm Beach Shores, FL 33	3404 ■ Remove
			Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change

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(If an effective Note: 11	e date, if other than the date of filing:
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated <u>/</u>	pril 19th
	rignature of a member or authorized representative of a member
	Julie Morrison
	Typed or printed name of signee

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Filing Fee: \$25.00