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COVER LETTER

TO:	Registration Se Division of Cor					
en en		e Company LLC				
SUBJECT: Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		lan E.L. LaBrake				
		The LaBrake Company, Ll	Name of Person			
		11523 Wellman Drive	Firm/Company			
		Riverview, FL 33578	Address			
		labrakeco@yahoo.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fu	orther information co	oncerning this matter, please ca	all:			
lan E	.L. LaBrake		813 810-9841 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclo	sed is a check for th	ne following amount:				
■ \$3	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:

.

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

The LaBrake Company, LLC		
(Name of the Limited Liability Co (A Florida Lim	nipany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L10000068929	any were filed on June 28, 2010	and assigned
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 L	nability Company," the designation "LLC" or th	e 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 registered agent and/or the new registered office address		terathe name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	9810 To
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Steven A LaBrake	11523 Wellman Drive	5
		Riverview, FL 33578	
			■ Remove
			□ Change
			
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			-
E. Effective date, if other tha	n the date of filing:	(0)	otional)
Note: If the date inserted in t	te must be specific and cannot be pri- his block does not meet the appl the Department of State's record	or to date of filing or more than 90 days a icable statutory filing requirements, is.	fter filing.) Pursuant to 605.0207 (3) this date will not be listed as the
If the record specifies a del (b) The 90th day after the		not an effective time, at 12:0	1 a.m. on the earlier of:
November 15 Dated	2019	·	
	la 736	thorized representative of a member	
	11 ((())	1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00