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SECRETARY OF STATE
TALLAMASSEE FLORIDA

T. Burch FEB #15 2015

COVER LETTER

TO: Registration Division of C			·
BRAG	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	ANDREA RAAB		
		Name of Person	
	BRAG LLC		
		Firm/Company	
	9793 GLADES ROA	AD.	
		Address	
	BOCA RATON, FL	33434	
	ANDREA@GPBOCA	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
ANDREA RAAB		561 353-1974	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the 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)
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co	on rations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAG LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L11000035245		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" o	سعد دوي مسر
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	N 2000
		SS TO
		FEST E. D
Enter new mailing address, if applicable:		72 on 77
(Mailing address MAY BE A POST OFFICE BOX)		D.M. (0)
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
Material Property Control Acts	, Floric	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action MGR JAY C RAAB 9294 LEGARE ST ■ Add BOCA RATON, FL 33434 ☐ Remove 722 SOUTH 15th STREET MGR STEPHEN L RAAB ■ Add PHILADELPHIA, PA 19146 ☐ Remove □ Add ☐ Remove _____ □ Add ☐ Remove ☐ Add

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ctive date if other than the	date of filing:	(ontional)
date this document is filed by the Flor	date of filing: the prior to date of receipt or filed date and cannot rida Department of State) 2015	(optional) be more than 90 days after
ted JANUARY 15	rida Department of State) 2015	
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE