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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: BR	AUSAN LLC	-	ŀ
	Name of Limi	ited Liability Company	<del></del> :
The enclosed Articles of Am	iendment and fee(s) are subt	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	JONATHA	Name of Person	
		Firm/Company	
	12949 Roy	IAL GEOLGE AVE Address	<u> </u>
	<u>ODESSA</u>	Address  FL 33556  City/State and Zip Code	
-	E-mail address: (t	SANCHEZ (OGMAIL) o be used for future annual report notific	COM cation)
For further information conc	erning this matter, please ca	II:	
JUNATHAN S Name of Pe	ANCHEZ rson	at ( <u>330</u> ) <u>327/00</u> Area Code Daytime	7.3 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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

BRAVSAN	LLC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on 10/11/12 and assigned
Florida document number <u>Li2000129857</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liahi	
CLOUD NET CONSUL	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	12949 ROYAL GEDRGE AVE
(Principal office address MUST BE A STREET ADDRESS)	DEESSA FT 33556
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	4
	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
	. <u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> \_□ Ada \_□ Remove ☐ Change \_□ Addi □ Remove □ Change □ Add ☑ Remove Change Add ဏ Remove □ Changè \_□ Remove \_□ Change □ Add □ Remove

☐ Change

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	Signature o	f a member or auth-	oried representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00