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SECRETARY OF STATES TALLAHASSEE, FLOTES

APR 22 2016 S. YOUNG

COVER LETTER

10:		stration Sec sion of Corp			•		
SUBJEC		BRAVE HE					
SOBSE			Name of Lin	nited Liability Company	**************************************		
The encl	osed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn :	all correspor	ndence concerning this matter	to the following:			
			CAROLINA MENEGHE	гті			
				Name of Person			
			SAFETY BUSINESS LLC				
				Firm/Company			
	6220 S ORANGE BLOSSOM TRAIL, SUITE 600						
			***************************************	Address			
			ORLANDO, FL 32809				(1)
				City/State and Zip Code	· <u></u>	すると)EC
			DOCUMENTS@SAFETY	•		79	
			E-mail address: (to be used for future annual report notifi	ication)	22	272 257
For furth	er inf	ormation co	ncerning this matter, please c	all:		70	in c
CAROLINA MENEGHETTI		407 888 4747 at ()		16 APR 21 PH 2: 01	INCSEE, FLOT JA		
		Name of	Person		Telephone Number	9	י בר
Enclosed	lis a (check for the	e following amount:				
\$25.0	00 Fil	ing 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 enclo		

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

BRAVE HEART INTERNATION					
(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on $03/19/201$	4	and assigr	ıed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	on "LLC" or the al	bbreviation "L.L.C	
Enter new principal offices address, if appli	6220 S ORANGE BLO	SSOM TRAIL,	SUITE 600		
(Principal office address MUST BE A STRE	ORLANDO, FL 32809 - US				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6220 S ORANGE BLO ORLANDO, FL 32809		SUITE 600	SECRE TAIL
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter	~~ ~	the nev
Name of New Registered Agent:	DOUGLAS C	SILVA			
New Registered Office Address:	6220 S ORANG	GE BLOSSOM TRAIL, S			
		Enter Florida stree	t address		
	ORLANDO		, Florida _ ³²	.809	
		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

Page 1 of 3

'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 **Title** <u>Name</u> **Address Type of Action** _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Chañgè _□ Remove _□ Change

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on effective date is list of the list of the date inserted in the date in the date in the list of the	her than the date o ed, the date must be spec erted in this block doe date on the Departme	cific and cannot be per es not meet the ap	plicable statutory	or more than 90 days	optional) s after filing.) Pursua s, this date will no	int to 605.0207 it be listed as
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