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(Requ	iestor's Name)
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PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	ament Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

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COVER LETTER

TO: Registration Solution of Co			
BR EPP, L SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
-	Maria Trifonova		
		Name of Person	
	Attn: BR EPP, LLC		
		Firm/Company	
	9858 Clint Moore Road, S	uite C-111-134	
		Address	
	Boca Raton, Fl. 33496		
		City/State and Zip Code	
	maritrif2016@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Maria Trifonova		561 414-0824 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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: 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



BR EPP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on	September 29, 2014	and assigned
Florida document number L14000151467	·		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability company	y here:	
The new name must be distinguishable and contain th	e words "Limited Liability Company," t	he designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if app	licable:		
Principal office address MUST BE A STRI	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>		
B. If amending the registered agent ar registered agent and/or the new registered		on our records, enter	the name of the new
Name of New Registered Agent:	Maria Trifonova / Attn: BR E	PP, LLC	
New Registered Office Address:	9858 Clint Moore Road, Suite	C-111-134	
	Enter	Florida street address	
	Boca Raton	, Florida <u>3</u>	3496
	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>	Address	Type of Action
MGR	Vadim Brinzan	9858 Clint Moore Rd, C-111-134, 1	
			■ Remove
•			Change
MGŖ	Maria Trifonova	9858 Clint Moore Rd, Suite C-111-	■ Add
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e: If the date inserted in this b	st be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
record specifies a delayene 90th day after the re		fective time, at 12:01 a.m. on the earlier o
August 22	, 2016	
ed		
ed	Yenature of a member or authorized rep	

Page 3 of 3

Filing Fee: \$25.00