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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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COVER LETTER

	vision of Cor					
SUBJECT:	Bracia Hole	lings, LLC				
Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Jordan Weinkle Esq.				
			Name of Person	n. 4		
		Siegfried, Rivera, Hyman,	Lerner, De La Torre, Mars & Sobel	, P.A.		
			Firm/Company			
		201 Alhambra Cir #1102				
			Address			
		Coral Gables, FL 33134				
			City/State and Zip Code			
		jordanweinkle@gmail.com				
For further	information c	e-mail address: (to be used for future annual report notifi	cation)		
Jordan Wei		one on the state of	786 457-4189			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for the	ne 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

FILED 2015 AUG 31 AM 7: 51

Bracia Holdings, 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 07-02-15 and assigned Florida document number L15000115088 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Jordan Weinkle Name of New Registered Agent: 201 Alhambra Cir #1102 New Registered Office Address: Enter Florida street address Coral Gables Florida 33134

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Di	at be specific and cannot be prior to ock does not meet the applicab epartment of State's records	date of filing or more than 90 le statutory filing requiren	ments, this date will not	be listed as the
record specifies a delayed he 90th day after the rec	d effective date, but not a ord is filed.	an effective time, at	12:01 a.m. on the	earlier of: ALLU
ed August 24	, 2015	16	>	AUG 31
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Filing Fee: \$25.00