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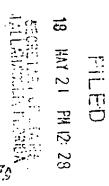
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sec Division of Corp			
eun iez	BRK Consu			
SUBJEC	T:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Mary Ann Keuper		
			Name of Person	
		BRK Consulting, LLC		
			Firm/Company	
		857 SW Piedmont Court		
			Address	4.000
		Port St. Lucie, FL 34986		
			City/State and Zip Code	
		E-mail address: (to be used for future annual repor	1 notification)
For further	er information co	oncerning this matter, please ca	ill:	
Mary An	n Keuper		772 812-33	
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

BRK Consulting, LLC		
(Name of the Limit	ed Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Li	ability Company were filed on 7/10/15	and assigned
Florida document number L15000119290	,	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	ाल क
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	2. 28 60
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	MARY AND KEUPER 857 SW PREMONT Enter Floridu street add	Casel dress
	roel ST. Lucie,	Florida 34986 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>	Name	Address	Type of Action
AMBR	Brian Keuper	857 SW Piedmont Court	□ Add
		Port St. Lucie, FL 34986	■ Remove
			□ Change
			Remove
			Change
			Add
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in effective date is listed, the date r	he date of filing:nust be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.020
	block does not meet the applicable statutory file Department of State's records.	ing requirements, this date will not be listed as
	red effective date, but not an effective	e time, at 12:01 a.m. on the earlier o
The 90th day after the r	ecora is filea.	
11 10	2018	
May 16	,	
ated	2	
ated	Signature of a member or authorized representation	

Page 3 of 3

Filing Fee: \$25.00