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M.S. HARRIE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

SUBJECT:	BRERA LLC				
JOBULOT.		Name of Limi	ted Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are subt	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Julian Vasquez			
			Name of Person		
		Freedomtax Accounting &	Multiservices Inc		
Firm/Company					
		1016 E Osceola Pkwy			
			Address	<del></del>	
		Kissimmee, FL 34744			
			City/State and Zip Code		
		jvasquez@freedomtaxfl.com			
			o be used for future annual report notif	ication)	
For further in	nformation co	oncerning this matter, please ca	all:		
Julian Vasqu	icz		407 344-1012		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRERA LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records ted Liability Company)	-)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/29/2015	and assigned
lorida document number L15000184468		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	-	
Principal office address MUST BE A STREET ADDRESS	2	<u>~</u>
nter new mailing address, if applicable:		20 1
Mailing address MAY BE A POST OFFICE BOX)		
		50 <b>û</b> ';
		<u> </u>
If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
<del></del>	City	Ziv 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	Roberto D'Addario	1012 E Osceola Pkwy	Add
		Kissimmee, FL 34744	Remove
		<del></del>	□ Remove
			Change
		<del></del>	
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		<del> </del>	
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			Name of the second of the seco
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			Remove

g y	ner information, enter change(s) here: (Attach additional sheets, if	
•	<del></del>	, <u></u>
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		<b>45</b> 44
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		·
ffective date, if oth	ner than the date of filing:(add, the date must be specific and cannot be prior to date of filing or more than 90 day.	(optional)
Note: If the date inse	rted in this block does not meet the applicable statutory filing requirement date on the Department of State's records.	s, this date will not be listed as
	s a delayed effective date, but not an effective time, at 12: ter the record is filed.	:01 a.m. on the earlier o
Pated July 13,	2017	
K	dette D'Adrio	2617 J
	Signature of a member or authorized representative of a member	HAS
Roberto D		왕의 0 1
	Typed or printed name of signee	
		🛒 ့ 😛 🎋

Filing Fee: \$25.00