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Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

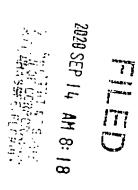
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COVER LETTER

TO: Registration Section

Division of Corp	porations				
SHRIECT: RAA	VITTA	11.0			
30B31.C1	, <u>, , , , , , , , , , , , , , , , , , </u>	Name of Limit	ed Liability Company		
The enclosed Articles of a	Amendment and	fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concernir	ng this matter to	o the following:		
		DAPIEL	CARLOS RA	ENJA	
		BRAVIT	TA UC Firm/Company		
	Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
		<u>CELE B</u>	RATION / FL	34747	Status &
		DO	DENIDA (C) C	MAIL COM	
	E	mai! address: (to	be used for future annual		
For further information co	oncerning this ma	atter, please cal	1:		
DANIEL	CARLOS	RENDA	at (<u>407</u>)	520 - 2240	
Name of	l'Person		Area Code	Daytime Telephone Number	
Enclosed is a check for th	e following amo	unt:			
\$\$25.00 Filing Fee		•	Certified Copy	Certificate of Certified Cop	Status & . oy
-			_		
raffahassee, F	1. 52514	10 m		I. Monroe Street, Suite 810 issee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAVIT	TA UC B T
(Name of the Limited L (A F	iability Company as it now appears on our records.) Ilorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on
Florida document number <u>L J5000 J94</u>	333
This amendment is submitted to amend the following	ng: $\overline{\mathbf{o}}$
A. If amending name, enter the new name of the	e 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	2:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	DANIEL CARLOS REMOA
New Registered Office Address:	J254 CELEBRATION AVE Enter Florida street address
	CELEBRATION Florida 34747
_	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
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effectiv	re date is listed, th	ne date must be spec I in this block doe	ific and car	mot be prior i	to date of filin	g or more than	90 days after f	iling.) Pursuant	
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