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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757

Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRADELI GROUP LLC**

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$25.00

OCT 13 2016

S. YOUNG

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Help

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	·CT·	BRADEL	I GROUP LLC			
CODE	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please :	return all correspo	ondence concerning this matter	to the following:			
		A	NDREA WOODARD			
			Name of Person		-	
			ABK CORP			
		······	Firm/Company	***************************************		_
	3300 S HIAWASSEE RD STE 106					
			Address		· <u> </u>	; ;;
			ORLANDO, FL 32835		ε	,,,
			City/State and Zip Code		AM II: 00	۲,
			TIONS@ABKCORP.COM			<u>ان</u>
		E-mail address: (to be used for future annual repe	ort notification)	Ö	
For furt	ther information c	oncerning this matter, please co	all:		•	
	ANDREA WO	ODARD	407 at ()	898-1757		
	Name o	f Person		Daytime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
₩ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &	

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

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From Account Bookkeeping 1.321.888.4914 Wed Oct 12 14:39:30 2016 MDT Page 3 of 5 ナレノい ひしい ょり りあす よう

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRADELI GROUP LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited I	Liability Company	/ were filed on	and assigned
Florida document number L16000089960	·		
This amendment is submitted to amend the fol	lowing:		
orida document number L16000089960 nis amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u></u> විහ
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u> </u>
			2 Series
Enter new mailing address, if applicable:		5858 International Drive	3 MG
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando, FL 32819	= = = = = = = = = = = = = = = = = = = =
			8 7
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	5858 Internation		
		Enter Florida street address	
	Orlando	, Flor	rida <u>32819</u>
		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

Page 1 of 3

From Account Bookkeeping 1.321.888.4914 Wed Oct 12 14:39:30 2016 MDT Page 4 of 5

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	Leopoldo E Silva, Eduardo B	5858 International Drive	□ Add
		Orlando, FL 32819	□ Remove
			■ Change
MGR	Leopoldo E Silva, Miriam A	5858 International Drive	
		Orlando, FL 32819	Remove_,
			3. ≥ C ■ Bange ≥ Z
			Remove Selection
			Change
			□ Add
			D Remove
			Change
			Add
			□ Remove
	,		Change
			Add
			☐ Remove
			□ Change

Page 2 of 3

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	Marie Lite
	
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	——————————————————————————————————————
Tective date, if other than the date of filing:	ng.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	n. on the earlier of
ited	
Signature of a member or authorized representative of a member	
Eduardo B Leopoldo E Silva	

Page 3 of 3