Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002089553)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: ACCOUNT BOOKKEEPING CORP Account Name

Account Number : I20120000055 : (407)898-1757 Phone : (407)897-5336 Fax Number

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

الوالك المتناف المستحدين المتناف المتناف المتناف المستحد والمستحد	بالمستوال المستوال والمراز والمستوالي والمستوالي والمستوالي والمستوالي والمستوالي والمستوالي والمستوالي والمستوالي
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 0 9 2017

Y SULKER

COVER LETTER

Division of Co			
	I GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RAFAELA MARTINS		
		Name of Person	
	ACCOUNT BOOKKEEPI	NG CORP	
		Pirm/Company	
	5301 CPNROY ROAD SU	JITE 140	
	**************************************	Addr es s	•
	ORLANDO FL 32811		
		City/State and Zip Code	
	info@abkcorp.com E-mail address: (to be used for future annual report notif	cation)
For further information	concerning this matter, please or	ıll:	
RAFAELA MARTINS		407 8981757	
Name	of Person	at () Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Cenificate 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)
Regis: Divisi	LING ADDRESS; tration Section ion of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	1

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BRADELI GR					
(Name of the Lim	ted Liability Compar (A Fiorida Limited L	w as it now appears on our lability Company)	r records.)			
The Articles of Organization for this Limited I Florida document number L16000089960	Liability Company	were filed on 05/06/20	.6	and ass	signed	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabi	lity company here:				
The new name must be distinguishable and contain the	words "Limited Liablii	ly Company," the designation	on "LLC" or the abbr	evlation "L.	.L.C."	
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)				- 3	
Enter new mailing address, if applicable:	•			WASSES	AUG -B	
(Mailing address MAY BE A POST OFFICE	E BOX)				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered off office address here	lice address on our i	records, <u>enter tl</u>	ie name	=	nev
Name of New Registered Agent:	LILIAN RIJAN	E BROGNA	···			
New Registered Office Address:	7041 GRAND N	Enter Florida 1990		_		_
	ORLANDO	DUMA LIAME	, Florida ³²⁸	19		
•	************	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 camply 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 Tue Aug 8 09:04:57 2017 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

Title	Name	Address	Type of Action
MGR	Leopoldo E Silva, Eduardo B	7041 Grand National Dr Ste 234	
• " • •		ORLANDO, FL 32819	■ Remove
			Change
MGR	Leopoldo E Silva, Miriam A	7041 Grand National Dr Stc 234	
		ORLANDO, FL 32819	■ Remove
			□ Change
MGR	REJANE BROGNA, LILIAN	7041 Grand National Dr Ste 234	⊒ Add
		ORLANDO, FL 32819	□ Remove
			□ Change
			□ Remove
			Change 7
			Change 17 AUG - 0
			O'Rémove A
			
			□ Remove
			Change

Page 2 of 3

		nter change(s) here: (Attach addition		
,				
				<u> </u>
=		· · · · · · · · · · · · · · · · · · ·		_
				_
				_
 ·				
				
			<u> </u>	
			5.	7 AL
			i AS	_ <u>'</u> ਤੁ
<u></u>				
المائية المواجعة والمائية المائية			F. 0	
			201 (1)	6.7
پېښوند سندوه ي و				
Note: If the	ite, if other than the date of date is listed, the date must be spec- date inserted in this block doe effective date on the Department	filling: title and cunnet be prior to date of filing or most succession, meet the applicable statutory filling and of State's records.	(optional) re then 90 days after filing.) Pursuant to requirements, this date will not be	605.0207 (3)(b) issted as the
If the record s (b) The 90th	specifies a delayed effect day after the record is	tive date, but not an effective the filed.	me, at 12:01 a.m. on the ea	rller of:
Dated	JULY 31TH	2017		
		re of a momber or althorized representative of		
	Signatu	re of a member or althorized representative of	f a monther	
		EDUARDO B LEOPOLDO E SILVA		

Page 3 of 3

H170002089553