

Piero Salussolia P A. 3053737017

H160001701243

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COVER LETTER

TO: Registration Section Division of Corporations

Division of Corporations

SUBJECT: Brad Ford Capital LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at 305 373-016 Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□ \$25,00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Cartified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailabassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

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	ARTICLES OF OR	GANIZATION		16,11
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(110)	nc of the Limited Liability Company (A Florida Limited Liab	bility Company)	<u>Tecorus</u> ,)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The Articles of Organization for the Florida document number 1.160	is Limited Liability Company we	ere filed on $05/13$	8/2016	and assigned
This amendment is submitted to an	nend the following:			
A. If amending name, <u>enter the</u>	new name of the limited liabilit	<u>y company here</u> :		
	NA			
The new name must be distinguishable as	id contain the words "Limited Liability	Company," the designation	n "LLC" or the at	breviation "L.L.C."
Enter new principal offices addr	ess, if applicable:			
(Principal office address MUST L	E A STREET ADDRESS	N/A		
	-			
Enter new mailing address, if ap	plicable: _	· · · · · · · · · · · · · · · · · · ·	<u></u>	····
Mailing address MAY BE A POS	TOFFICE BOX)			
	-			
B. If amending the registered registered agent and/or the new		e address on our re	ecords, <u>enter</u>	the name of the new
		NA		
Name of New Registered	Agent:	AVIA		·····
New Registered Office A	ddress:			· · · · · · · · · · · · · · · · · · ·
		Enter Florida street	address	
			Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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Piero Salussolia P.A. 3053737017

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person using avecu or removed from our records:

MGR = Manager AMBR = Authorized Member

Titiç	Name	Address	Type of Action
MGR	FacchiNi Luciano	V. Casarsa Della Dell219	D Add
		3 CODIO 1 PO/ 110 3 3033 IT	Remove
			Change
MIGr	Monica Tirado	1410 20th street suite 214	Add
		MICM: Boach Fl, 33139	Remove
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			Change

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	than the date of filing: <u>0-7/14 16</u> (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan d in this block does not meet the applicable statutory filing requirements, this date will not	t to 605.0207 (3)(b) be listed as the
document's effective date	e on the Department of State's records.	
	delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier of:
	$\land \land $	
Dated	- tall	
Dated	Signature opermember or authorized representative of a member MONICO TICO 60	·

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Filing Fee: \$25.00

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