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COVER LETTER

	tration Secti on of Corpo		L.	n#	• •		
	ROMS PCB	, LLC	•				
SUBJECT: _		Name of Limi	ited Liability	· Company			
The enclosed A	rticles of Ar	nendment and fee(s) are subi	mitted for f	ĭling.			
Please return al	Leorrespond	ence concerning this matter	to the follo	wing:			
		Matthew Broms					
			Name	e of Person			
		BROMS PCB, LLC					
			Firm.	/Company			
		2515 BETHANY CHURC	H ROAD				
			Α	ddress			
		MILTON, GA 30004					
			City/State	and Zip Code			
		matt@broms.org		- C			50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
For further info	rmation con	cerning this matter, please ca		a muore annuai	тероп поинсан	wit	
Matthew Brom	ns			404 40)9-6288		
	Name of P	erson	imited Liability Company abmitted for filing. er to the following: Name of Person Firm/Company RCH ROAD Address City/State and Zip Code (to be used for future annual report notification)				
Enclosed is a cl	heck for the t	following amount:					
□ \$25.00 Filii	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	Cert	ified Copy		Certificate Certified (of Status & Copy
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ce, FL 32314		Registra Division Clifton E 2661 Ex	ition Section 1 of Corporatio Building 1 ccutive Center	ons r Circle	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

BROMS PCB, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/06/2016}{}$ and assigned Florida document number $\underline{-1.16000128512}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bruddy, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, Florida
	City	Zin 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
			Add
			Remove
			□ Change
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Effective date, if other than the date of filing:	(optional	1		
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more	than 90 days after filin	g.) Pursu		
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this dat	e wiii no	ot be iis	ted as
ne record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m	on th	e earl	ier of
The 90th day after the record is filed.				

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00