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.

(((H17000219597 3)))



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

Ta:

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 BRAME ADMINISTRATION LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

AUG 1 SHELLS

Y SULKER

From Account Bookkeeping 1.321.888.4914 Thu Aug 17 15:25:45 2017 EDT Page 2 of 5

## H17000219597 3

#### **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
OUD IF OD.	BRAME ADM	IINISTRATION LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MARIANA SOUZA		
	<del></del>	Name of Person	
	ACCOUNT BOOKKEEP	NG CORP	
	·····	Firm/Company	
	5301 CONROY RD STE	40	
		Address	
	ORLANDO, FL 32811		
		City/State and Zip Code	<del></del>
	CUSTOMER@ABKCORP		
	·	to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please c	ill:	
MARIANA SOUZA		407 898-1757 at (	
Nam	e of Person	at () Area Code Daytimo	e Telephone Number
Englosed is a check for	er the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Gopy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

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

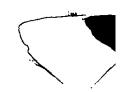
MI7000219597 3

From Account Bookkeeping 1.321.888.4914 Thu Aug 17 15:25:45 2017 EDT Page 3 of 5

### भा+०००२१५५५ उ

## ARTICLES OF AMENDMENT TO

# ARTICLES OF ORGANIZATION OF



BRAME ADMINISTRATION LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our re- united Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 11/30/2016	and assigned
Florida document number L16000217720		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	·
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	(22)	
	·	
Enter new mailing address, if applicable:		ing the second s
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
		SE S
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ords, enter the name of the new
		83 7
Name of New Registered Agent:		<u>0</u>
New Registered Office Address:		
	Enter Florida street ad	dress
	City	Florida
	City	Zif Cone

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 HJ7000219597 3 From Account Bookkeeping 1.321.888.4914 Thu Aug 17 15:25:45 2017 EDT Page 4 of 5

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	ATAIDE LEITE, EDUARDO	1702 BRAGG DR.	
		APT. 302	<b>□</b> Remove
		CELEBRATION, FL 34747	Change
			Remove
			☐ Change
<del></del>			Add
			Remove
			☐ Change
		(74 4) 6	ASS Remove
			Remove Change Change
			□ Remove
			Change
			Add
			□ Remove
			Change

		<del></del>	·			<del> </del>	
		·—-					
		·		· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>
		· · ·		<del></del>			
		<del></del>	· · · · · · · · · · · · · · · · · · ·				<del></del>
		<del></del>	·		<del></del>		
<del></del>		····	·				
			i i		<del> </del>		
		<del></del>	<del></del>		·		
			<del></del>			, ma	
						- +2:	
						22 / 1	=======================================
						SSE	
		<del></del>					<b>≥</b>
ctive date, if other than the date offective date is listed, the date must be sp	of filing:		0.73		_ (optional	) <u>( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (</u>	=
e: If the date inserted in this block of	des not meet t	ine appilicabi	e statutory fili	ng requireme	ays aner rum nts, this dat	e Will-not	listed a
ament's effective date on the Departr	nent of State	s records.					
record specifies a delayed effe	ective date,	, but not a	n effective	time, at 1	2:01 a.m	. on the	earlier (
ne 90th day after the record (				·			
AUGUST 16	:	2017					
ed	······································	<del></del>					
	$\mathcal{C}$	RC	De				

Page 3 of 3 HJ7000219597 3