1/1600023003/

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	

Office Use Only



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K. SALY JUN 2 0 2017

COVER LETTER

TO: Registration S Division of Co			
	BRACE LLC		
SUBJECT:	Name of Limi	ted Lability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	PAM SEYMOUR		
		Name of Person	971-1600 Daytime Telephone Number ee & S60.00 Filing Fee. Certificate of Status &
	PNEED A BRACE LLC	MOUR Same of Person	
		Litm-Company	
	1086 SUMMER GLEN DI	RIVE	
	· · · · · · · · · · · · · · · · · · ·	Address	
	WINTER HAVEN FL 338	380	
	PAMCPCO@GMAIL.COM		
	-	NEED A BRACE LLC Clim-Company	ication)
For turther information	concerning the matter prease co	ul)·	
PAM SEYMOUR			
Name	of Person	Area Code Daytime	Telephone Number
Emelosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 JUN 16 AM 11: 13
TALLAHASSEK, FLORIDA

NEED A BRACE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Funited Fiability Company)

The Articles of Organization for this Limited Liability Company	were filed on and assigned				
Florida document miniber L16000230031					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
C					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLLC."				
Enter new principal offices address, if applicable:	25 HARBOUR ISLE DR W PHOI				
(Principal office address MUST BE A STREET ADDRESS)	FORT PIERCE FL 34949				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BON)	25 HARBOUR ISLE DR W PH01				
	FORT PIERCE FL 34949				
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>v</u> :				
New Registered Office Address:					
rew registere office Address.	Foter Ulwinki street addiress				
	Florida				
	. Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I cm familiar with and vovovided for in Chapter 605, F.S. Or, if this document is				
	raing Registered Agent Signature of New Registered Agent				

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JACKY MAGEE	1086 SUMMER GLEN DRIVE	
		WINTER HAVEN FL 33880	■ Remove
MGR	PAM SEYMOUR	25 HARBOUR ISLE DR W PH01	Change
		FORT PIERCE FL 34949	■ Add
			Remove T. L. S. S. E. E. S. S. E. E. C. S. S. S. S. E. E. C. S.
			Renter C
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			Remove □ Change

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fan effective Note: If th	e date is listed, th e date inserted	than the date he date must be sp in this block d on the Departi	pecific and c oes not me	annot be price the appli	or to date of t cable statut	ding or more	(op than 90 days a quirements.	fier tiling a P	ursuant to 605 III not be list	5,0 <u>2</u> 07 ed as
e record The 90t	specifies a th day after	delayed effective the record	ective da is filed.	ite, but n	ot an effe	ective tim	e, at 12:0	1 a.m. or	n the earli	er o
Dated				A.				- <i>-</i>		
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		Sign	ature of a m	ember of alk	horized repl	sentative of	i membei			

Page 3 of 3

Filing Fee: \$25.00