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Special Instructions to	Filing Officer:	
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COVER LETTER

INBROCA SUBJECT:	. LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRANGER-OQUENDO.	ERNESTO J	
		Name of Person	
		Firm/Company	
	1525 MULLIGAN BLVD		
	CHAMPIONS GATE FL.	Address 33896	
	ERNESTO_BRANGER@\	City/State and Zip Code (AHOO.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
ERNESTO J. BRANGE	R-OQUENDO	954, 253 90	695
Name (of Person	at (<u>954)</u> 253 9(Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose
MAII	ING ADDRESS:	STREET/COURF	ER ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INBROCA, 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 $\frac{0.0730/2017}{2}$ and assir Florida document number L17000023604 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited <u>liability company here</u>: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address	of each person b
MGR = N			
<u>Title</u>	<u>Name</u>	Address	Type of
MGR	ERNESTO J, BRANGER MORENO	1525 MULLIGAN BLVD	
		CHAMPIONS GATE FL, 33896	Add
		CHAMPIONS GATE PL, 35690	■ Rem
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e recor The 9(d specifies a del th day after the	ayed effective record is file	e date, but r d.	not an effective	e time, at 12:0)1 a.m. on the e
SE	PTEMBER 24	() Jan ()	2019	<u></u> .		
ated		Signature to	a member or au	thorized representat	ive of a member	
Dated	ERNESTO J. BRA	\bigvee		thorized representat	tive of a member	

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Filing Fee: \$25.00