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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	The Brafo Name of Limi	rd LL C ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Grego	ry Pope  Name of Person		
	South Beach	Concrege/The Bra	word LLC)	
	117	Orange Ave.		
	Fort Pier	Co Florida 349 City/State and Zip Code City/State and Zip Code Cod Designs 69 m o be used for future annual report notifi	750	
	House Ar	and Designs 6 9 m	ail.com	
For further information cor	ncerning this matter, please ca			-17
Grean Name of I	Person	at (828) 680 Area Code Daytime	Telephone Number S. FLOR	FILE
Enclosed is a check for the	following amount:		1807 1971 1971 1971 1971 1971 1971 1971 19	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 April 114h, 2017 and assigned Florida document number 17000087.568. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
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Filing Fee: \$25.00