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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brabhams Professional Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Tricia Braham Name of Person
Brabhams Professional Services, LLC
1123 Whispering Winds Ct.
Apopka, Fl. 32703 City/State and Zip Code brabhansorolessionalservices (Dyahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tricia Brabham at (407) 782-9509 Name of Person at (407) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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MAILING ADDRESS:

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

Brady MS Polesion (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>£170001311e46</u> .		gned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
	<u>_</u>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation," L.L.	<u>₹</u>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		t
		골 []
		بي ک
Enter new mailing address, if applicable:		<u>=</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		f the new
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title **Name** 1123 Whispering Winds Ct. Apopka, FL 30703 Tricia Bratham ₩Add ☐ Remove _□ Change 1123 whispering Winds Ct. Apopla, FL 32703 AMBR Sandra Enlaw Øέλdd ☐ Remove _□ Change _□ ∧ছid ☐ Remove _□ Change □ Add _□ Remove ☐ Change _D Add _□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added

_ Change

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Note:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	Pursuant to 605,020 vill not be listed a	07 (3 is th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the earlier o	of:
Dated	August 21 2017 - Licia Brithau		
	Signature of a member or authorized representative of a member		
	Tricia Brabham		
	17 17:10 .		

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Filing Fee: \$25.00