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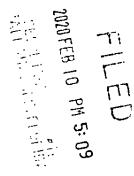
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## **COVER LETTER**

TO: Registration Section  Division of Corporation			
SUBJECT: BRA	TOUR TIPE	Le pts, L.L.C	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	JULI	A. LANK Name of Person	
	BCC PRO	Hirm/Company	pment
	32 TAZ	LAGUAH Bluc	
	<u>Denon</u>	Address  Beach  City/State and Zip Code	FC 32174
-	BCC produ E-mail address: (10	1	eg Mail, com
For further information conc	erning this matter, please ca	H:	
Mark 5 Name of Per	Chisan	at (386) 504	·- 6641
Name of Fe	SOR	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25,00 Filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Beanchild Con (Name of the Limited Liability Compar (A Florida Limited L	IV as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000159</u> 29	were filed on $\frac{7/26/17}{9}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability and the limited liability and contain the words "Limited liability and contain the words".	uent, L. L. C
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	32 TACACKAH BLUD ORMUND BEACH, FL 32174
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	32 TALAQUAH BLUCH ORMAND BEACH, FL 32174
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

## 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.

City

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	MARK JOHNSON	32 TALAQUAN BUD ORNONO BEACH, FL 32174	—— Fradd
		ORMOND BEACH, FL	□Remove
		32174	□Change
			□Add
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ffective date, if of	ther than the date of filing:sted, the date must be specific and cannot	be prior to date of filing or m	ore than 90 days after filing.) I	Pursuant to 605.0207
Note: If the date in	serted in this block does not meet the edate on the Department of State's	e applicable statutory filin	g requirements, this date w	ill not be listed as
locament s criectiv	e date of the Department of State 3	records.		
record specifies a	delayed effective date, but not an effe	ective time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
d is filed.	•			
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Dated FEB.	$\frac{\circ}{2}$	7.		
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	Signature of a member	r or authorized representative	of a member	<del></del>