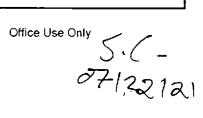
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(Re	equestor's Name)
(Ac	ldress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	BRIAN E	STEIN, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	PATI	POLLARI Name of Person	
		Name of Person	
	<u>ADV ANCE</u>	Firm/Company	wice
	3924 00	Address	<u>E</u>
	_ CORAL	SPRINGS, FL City/State and Zip Code	33065
	pat	TI CI OLO 40 TUX: QO to be used for future annual report notice	much com
For further information of	concerning this matter, please ca		ncation)
Patr Name o	icia Pollari of Person	at (<u>954)</u> 255- Area Code Daytim	-3848 20 1 1 2 20 E Telephone Number
.		,	A
Enclosed is a check for the	he following amount:		21,
□ \$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 enclosed)
•• •• • • •			
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	rtion
Division of C	Corporations	Division of Cor	
P.O. Box 632	.7	The Centre of T	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIAN EX	•			
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabs		were filed on	1/15/2018	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabi	lity company here	<u>:</u> :	D
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	7301	SW 57	COURT
(Principal office address MUST BE A STREET A	(DDRESS)	SUITE	570	
		South 1	niami, F	-L°33045
Enter new mailing address, if applicable:		_7301 5	sw 57	COURT
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	SUTTE SOUTH	570	eros !!
		SOUTH	miami,	FL 33065
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office ac	ddress on our reco	ords, <u>enter the na</u>	ame of the new registered
The state of the s	<u></u> .		/	24
Name of New Registered Agent:	<u> </u>		/	
New Registered Office Address:	7301	SW 57 Enter Florida	street address	SUITE 570
_	SOUTH	M1AM1 City	. Florida	33065
_		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

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>	Name	Address	Type of Action
<u>mar</u>	BRIAN ELSTEIN	13015 W 57th COURT	□Add
		SUTTE 570	□Remove
		SOUTH MIAMI, FLOSING	Change
			🗀 Add
	`	<u> </u>	□Remove
	<i>"</i>		Change
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 				11: 24	_
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. Effective date, if o	than thun the date of	f filing.	(c	optional)	
(If an effective date is lis Note: If the date ins	ted, the date must be speci-	ific and cannot be prior to d s not meet the applicable	ate of filing or more than 90 days e statutory filing requirements	after filing.) Pursuant to 6	05.0207 (3)(b sted as the
the record specifies a d cord is filed.	elayed effective date, b	out not an effective time.	at 12:01 a.m. on the earlier o	f: (b) The 90th day al	ter the
DatedJUNE	24,	2021			
		\angle			

Filing Fee: \$25.00

Typed or printed name of signee