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(Re	questor's Name)	
(Ad	dress)	
(Åd	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

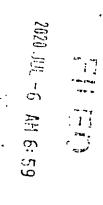


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S. YOUNG

COVER LETTER

Registration Section Division of Corporations

Tallahassec, FL 32314

TO:

subject: BRA-	ZEN BABES - Name of Lim	ENT / LC 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:	
	Chernique	Name of Person	
	BRAZEN BA	Firm/Company	,
	46295W79	Th Way Address	
	Davie, FL	City/State and Zip Code	
	Cherniquat E-mail attoress: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
,		at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sc	ction
Division of C		Division of Co	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:		
Name of New Registered Agent:		
B. It amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records, <u>enter the na</u>	me of the new registered
B. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new registered
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERDALE LAI	(ES, +1_
Enter new mailing address, if applicable:	4169 FL-7	
	33319	
(Principal office address MUST BE A STREET ADDRESS)	LAUDERDALELAK	ES,FL
Enter new principal offices address, if applicable:	4169 F1-7	
The new name must be distinguishable and contain the words "Limited Liabil	Ity Company," the designation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabi	ility company here:	
This amendment is submitted to amend the following:		
Florida document number <u>LISOOO3CO3\</u> .		
The Articles of Organization for this Limited Liability Company	were filed on <u>01/23/2018</u>	and assigned
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	ე თ ლ (
` 		

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 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
		,	□Add
			Remove
			□ Change
			□Add
			□Remove
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			□Add
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			□ Change
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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	EI/EIN NUMBER: 85-1328184
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an effect ote: If	e date, if other than the date of filing:
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated	· · · · · · · · · · · · · · · · · · ·
	Nila dia dia dia dia dia dia dia dia dia di
	Signature of a prember or authorized representative of a member
	Chernique Henry Chernique Henry (Typed or printed name of signee)