

on Sep. 5, 2018 4:57 PM

Division of Corporations

No. 2018-24 P. 1

L18000059620

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000259547 3)))



H180002595473ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : US TAX CONSULTING INC
Account Number : 120160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

2018 SEP -5 AM 8:23

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRUCE HOMES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

T. CLINE
SEP - 6 2018
EXAMINE

RECEIVED
2018 SEP -5 PM 4:58

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
BRUCE HOMES LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 03/06/2018 and assigned Florida document number.

Florida document number: L18000059620.
EIN Number: 35-2620146.

Article I

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."

Article II

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**)

Article IV

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:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

SEP - 5 AM 8:23

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

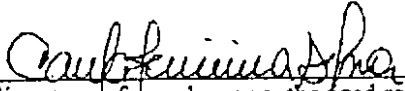
MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DE SOUSA SILVA, EDILSON	RUA ANIZIO GORAYEB 1318 PORTO VELHO, RO 76803-680 BR	REMOVE

C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. Effective date, if other than the date of filing: (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

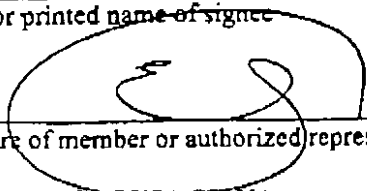
DATED: SEPTEMBER 9TH, 2018


Signature of member or authorized representative of a member

CARLA FERREIRA SILVA
Typed or printed name of signee


Signature of member or authorized representative of a member

CAMILA FERREIRA SILVA
Typed or printed name of signee


Signature of member or authorized representative of a member

EDILSON DE SOUSA SILVA
Typed or printed name of signee

2018 SEP -5 AM 8:25