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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brusca Law PLLC 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: LAUren Roder & BWSC 9 Name of Person
Brusca Law, PLLC
1407 E. Robinson Street
Orlando, FL 3280) City/State and Zip Code
E-mail address: (to be used for future annual report notification) Lor further information concerning this matter, please call;
Lauren Roderick Brusca at (407) 501-6564 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
■ S25.00 Filing Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy tadditional 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 OF

BNS	sca Law, PLL	<u>-</u> C	
	ed Liability Company as it now appear; (A Florida Lumted Liability Company)		
The Articles of Organization for this Limited Li Florida document numberL_]	ability Company were filed on _5	/16/2018	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the do	esignation "LLC" or the	abbreviation "L.E.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T_ADDRESS)		202
			<u></u>
			2
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)		<u> </u>
			ာ ယ
B. If amending the registered agent and/or reagent and/or the new registered office addres		cords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address	s nere.		
Name of New Registered Agent:	<u>Lauven</u> Rodei		<u> </u>
New Registered Office Address:	1407 E. Robi	n50n St.	
	Or lando		3 <i>280</i> 1
	Cuy		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.

Manging 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>	<u>Name</u>	Address	Type of Action
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e: If the date inserted in this block does not incert ument's effective date on the Department of State's	he applicable staturo	ry filing requirements	this date will not be listed
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Signature of a memi-	c. or authorized repres	entarive of a member	
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Filing Fee: \$25.00