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## **COVER LETTER**

TO: Registration Se Division of Co		,	,	
SUBJECT: Brod	a Enterprises, LLC	ited Liability Company		
	Nume of Emi	net Emonity Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	_ Victoria H	Name of Person	<u>5</u> ,	FII 351 25
	<u>Broda Esta</u>	priss, LLC	<u></u>	FILEL
		Firm/Company	-	
	120 Picstwin	ck (grande br. Address		ب ب
		City/State and Zip Code  jboarus - Com  be be used for future annual report notif	fication)	r r
For further information	concerning this matter, please c			
Victoria H	11GMS	at (614) 353-45	521 e Telephone Number	
Name	or reson	Area Code Daytiin	reteptione reamous	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is e	atus &
MAII	JNG ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Ctifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broda Enterprises	s, UC
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on haly 19, 2018 and assigned
Florida document number <u>L18000175875</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
	25
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	τ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	i office address on our records, enter the name of the new here:
	<del></del>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

Title	<u>Name</u>	Address	Type of Action
Myr	Victoria Holomb	120 Prestwick Grande W.	<b>6</b> Add
		Daytona Brack, FL 32124	□ Remove
			☐ Change
AMBR	Joshua Broda	120 Prestwick Grande Sr.	D Add
		Daytona Reach, FL 32124	□ Remove
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Filing Fee: \$25.00