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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: BREDY ENTERPRISE GROUP LLC. Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| FitzgisPALC BREDY Name of Person | |
| BREDY ENTERPRISE GROUP LLC. | |
| 9820 GLAGER DR. | |
| MiRAMAR FL 33025 City/State and Zip Code | |
| E-mall address: (to be fised for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person Dayline Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. | |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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 = Aut | horized Member | | |
|--------------|------------------|--------------------------------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| President | FitzgerAld Bresy | 9820 GLACIER DR. WIRAMAR FL 33025 | B Add |
| | / | MIRAMAR FL 33025 | Remove |
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Filing Fee: \$25.00