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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Werdy Schangen & BRAVO, 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: |
| Wendy Schawaun Name of Person |
| WENDY SHAMON; 6 BRAYO, LLC Firm/Company |
| 22 CAPISTEANO DRIVE |
| ORNORD BEACH, FI 32176 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| WENDY SCHAMAUN at (306) 366, 3130 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| WendySchamaur | ni 6 Bravo, LL | 2019 JAH 14 AM 8: 45 |
|--|---|---|
| (Name of the Limited Lia (A Flo | bility Company as it now appears on rida Limited Liability Company) | TALLAHAS JEE, FL |
| The Articles of Organization for this Limited Liability | y Company were filed on 💢 | T30 2018 and assigned |
| Florida document number | . | |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | ••• | ur records, enter the name of the nev |
| 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an effectiv lote: If t | date, if other than the day we date is listed, the date must be the date inserted in this block is effective date on the Depa | e specific and cannot to does not meet the | applicable statutor | g or more than 90 day | optional) s after filing.) Pursuant to s, this date will not be | 605.0207 listed as |
| e recore | d specifies a delayed e th day after the recor | ffective date, b | | tive time, at 12: | 01 a.m. on the e | arlier of |
| ated _ | Wence | 2019 | o outhorized | | | _ |
| | Si, | gnature of a member | or authorized represe | manive of a member | | |
| | WEND | \mathcal{D}^{V} \mathcal{P} . | JC HAN | 1A-71 | | |

Page 3 of 3

Filing Fee: \$25.00