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SECRETARY OF STATE
TALLAMASSEE, FL

A May d

COVER LETTER

TO: Registration Sec Division of Corp			
BRACE KIT	LLC		
зовјест.	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub	_	
Please return all correspon	dence concerning this matter RayCharles Saint-Fleur	to the following:	
		Name of Person	
	2515 NW 122nd SF	Firm/Company	
	Miami, FL. 33147	Address	
	TheBraceKit@gmail.com	City/State and Zip Code	
For further information co	E-mail address: () neerning this matter, please eq	to be used for future annual report notifiall:	ication)
RayCharles Saint-Fleur		305 213-7964	
Name of	Person	at () Area Code Daytime	Telephone Number
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 Status & Certified Copy (additional copy is enclosed)

MAHLING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

2018 DEC 10 AM 10: 54

BRACE KIT LLC

SECRETARY OF STATE TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	November 26, 2018	and assigned
Florida document number 1.18000272653			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	y here:	
BRACE KIT, ELC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," tl	he designation "LLC" or the abbr	eviation "L.L.C."
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)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our records, enter th	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
rem registered office reduces.	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 agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance rovided for i	of my duties, and I am far n Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

ff 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
			∩ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			D Add
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Effective date, if other than the call an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applic	cable statutory filing req	airements, this date will not b	to 605,0207 be listed as
ne record specifies a delayed The 90th day after the reco	effective date, but no rd is filed.	ot an effective time,	at 12:01 a.m. on the	earlier of
December 6 Dated	2018			
Dated	·			
	TIME	notized representative of a r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00