48000 277 143

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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D. BRUCE OCT 21 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BR | EATHE CLAN AGAIN LL | C | |
|---|---|-----------------------------------|----------------------------|
| (Name of the Limited | Liability Company as it now a Florida Limited Liability Comp | nopears on our records.) xiny) | |
| e Articles of Organization for this Limited Liab orida document number 1.18000277143 | ility Company were filed o | on 11/30/2018 | and assigned |
| is amendment is submitted to amend the follow | ing: | | |
| If amending name, enter the new name of the | re limited liability compa | ny here: | |
| new name must be distinguishable and contain the word | ds "Larrated Liability Company, | " the designation "LLC" or | the abbreviation "I, L C " |
| ater new principal offices address, if applicab | le: | | |
| rincipal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| iter new mailing address, if applicable: | | | |
| tailing address MAY BE A POST OFFICE BO | <u></u> | | |
| If amending the registered agent and/or reg ent and/or the new registered office address | | our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | BRIAN MONTGOMERY | | |

ew Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

13818 SW 152ND STREET

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida <u>33177</u>

550hc 5HZ 15hL 67h

1GR = Manager .MBR = Authorized Member

| <u>itle</u> | <u>Name</u> | Address | Type of Action |
|-------------|-----------------------|-----------------------|----------------|
| AGR | VALENTYNA SLOBODENYUK | 13818 SW 152ND STRFET | |
| | | SUTFE 291 | |
| | | MIAMI, FL 33177 | Change |
| 4GR | BRIAN MONTGOMERY | 13818 SW 152ND STREET | = Add |
| | | SUFFE 291 | □Remove |
| | | MIAMI, FL 33177 | []Change |
| | | | ⊡Add |
| | | | |
| | | | []Change |
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| <u>.</u> | | | |
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| f amending any other information | n, enter change(s) here: (Attach acklitional s | heets, y necessary.) |
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| ffective date, If other than the d on effective date is listed, the date must b <u>Sote:</u> If the date inserted in this bloc locument's effective date on the Dep | ate of filling: e specific and cannot be prior to date of filing or more the ic does not meet the applicable statutory filing requirement of State's records | (optional) an 90 days after filing.) Pursuant to 605 0207 urements, this date will not be listed as |
| record specifies a delayed effective of is filed | late, but not an effective time, at 12:01 a m. on the | earlier of (b). The 90th day after the |
| ated SEPTEMBER 2 | 2020 | |
| Bon | | |
| Si | gnature of a member or authorized representative of a m | anber |
| | BRIAN MONTGOMERY | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00

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