L19000028950

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Brunache Management Cons	ulting LLC
		Name of Limited Liability Company
The er	osed Articles of Amendment and t	fee(s) are submitted for filing.
Please	urn all correspondence concernin	g this matter to the following:

s s r

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Regine Brunache

Name of Person

Brunache Management Consulting

Firm/Company

17906 Bahama ise dr

Address

Tampa FL 33647

City/State and Zip Code

reginebrunache@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regine Brunache			93-4683	
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for the	te following amount:			<u>. </u>
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of	Status &

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brunache Management Consulting LLC

(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 $\frac{01/28/2019}{2019}$ a	nd assigned
Florida document number <u>L19000028950</u> .	
This amendment is submitted to amend the following:	

A. If amending name, enter the new name of the limited liability company here:

Varare Consulting LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 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.

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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

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Title	Name	Address	<u>Type of Action</u>
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			□Remove
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			🗋 Remove
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			🗆 Change
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			□Change
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			🗆 Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _________________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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	the	ZNL	
	Signature of a membe	er or authorized representative of a member	
Regine Bruna	he		
	Turne	d or printed norma of children	