

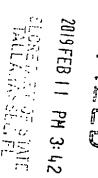
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(Do	ocument Number)	
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R. WHITE FEB 1 8 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brace Pros LCC Name of Limited Liability Company
Manie of Editied Entothly Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Pawlak
RX Licensing of Accord
10294 Wellington Parc De
Wellington 7/33449 City/State and Zip Code
Christinan Contarm 1 (Censing, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status \$\square\$ Certificate of Status \$\square\$ (additional copy is enclosed) \$\square\$ \$25.00 Filing Fee & Certificate of Status \$\square\$ Certificate of Status \$\square\$ 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

FILED

_BrucePros LLC	2019 FEB 11 PM 3: 42
(<u>Name of the Limited Liability Compa</u>) (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>LJ 900029560</u>	Jability Company) TALE / TANSEE. FL
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13301 SW 132nd Ave Ste 207 Miami 71 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13301 SW 132nd Ave Ste 207 Mianii 71 33186
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
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
			
			Change
			□ Remove
			□ Change
			Remove
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If an effect Note: If	e date, if other than the date of filing: OR 104 2019 (optional) tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the state of the date on the Department of State's records.
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	February 4. 2019.
	Signature of a member or authorized representative of a member
	Maria Rodri quez Typed or printed name of signee

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Filing Fee: \$25.00