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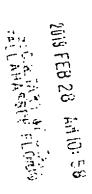
(Requi	estor's Name)	
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AN ASSESSMENT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brace Pros LC 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:
Christina Paulak
RX Ucensing Accred
10294 Wellington Farc Dr
Wellington FC 33449 City/State and Zip Code
Christing Condination (Constitute annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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	U ₀
Bracef	Pros UC	THE REAL PROPERTY OF THE PARTY
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 129	1009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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

Title **Type of Action** <u>Name</u> **Address** MIANI FL 33196 _□ Change Ambr Manuel Delgado Change _🗖 Add _□ Remove _□ Change _□ Add _□ Remove □ Change _□ Add _□ Remove __ Change _D Add □ Remove _□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 50 % Stocks held by Maria Rodiger
50% stock held by Manuel A Delgade
E. Effective date, if other than the date of filing:
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.
Dated February 24. 2019. Signature of a member or authorized representative of a member
Macia Rodriguz Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00