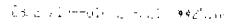
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Special Instructions to Filin	g Officer:	

Office Use Only



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MAR 3 0 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BracePros LLC 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 Pawlak
RX Licensing + Accred
10294 Wellington Parc DR
Wellington FL 33.449 City/State and Zip Code
Christinan @ pharm icensing com E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Christing Pawlak at (Std.) 215 5067 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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

Bracel	ROS L	LC		
(Name of the Limited I.	iability Compar Torida Limited I	ny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L19000</u> 293		were filed on/	29/2019	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e lim <u>ited lia</u> bi	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designa	tion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				13.22
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new
Name of New Registered Agent:	<i>M</i> _	anuel D	eLgaclo	
New Registered Office Address:	13301	SW 132nd Enter Florida str		e 2.07
-	· /	<u>leane</u>	, Florida	331 <i>86</i> 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>	Name	Address	Type of Action
MGR	Maria Rodriguez	8250 SW 1 Drd CY	
		8250 SW Bul Of Mani 71 3343	Remove
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			□ Remove
			☐ Change
			🗆 Add
			□ Remove
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an eff <u>ote:</u>	fective date is listed, the If the date inserted	han the date of filing: e date must be specific and ca in this block does not med on the Department of Stat	mnot be prior to date of filiret the applicable statutor	(optional) ng or more than 90 days after filing.) P y filing requirements, this date wi	ursuant to 605.020 Il not be listed a
rec The	ord specifies a e 90th day after	delayed effective dat the record is filed.	te, but not an effec	tive time, at 12:01 a.m. or	the earlier o
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Page 3 of 3

Filing Fee: \$25.00