

| (Requ                       | estor's Name)   |             |
|-----------------------------|-----------------|-------------|
| (Addre                      | ess)            |             |
| (Addre                      | ess)            | <u> </u>    |
| (City/S                     | State/Zip/Phone | <i>⇒</i> #) |
| PICK-UP                     | MAIT WAIT       | MAIL        |
| (Busin                      | ness Entity Nan | ne)         |
| (Docu                       | ment Number)    |             |
| Certified Copies            | Certificates    | s of Status |
| Special Instructions to Fil | ing Officer:    |             |
|                             |                 |             |
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## **COVER LETTER**

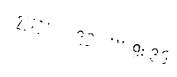
|            | Registration Se<br>Division of Cor |  |   |  |
|------------|------------------------------------|--|---|--|
| cun icc    | BRAUS IM                           | IEX LLC                                      |   |  |
| SUBJEC     | 1:                                 | Name of Lim                                  | nited Liability Company   |  |
| The enclo  | osed Articles of                   | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please ret | turn all correspo                  | ondence concerning this matter               | to the following:   |  |
|            |                                    | JANAYNA POTENCIAN                            | 0   |  |
|            |                                    |  | Name of Person  |  |
|            |                                    | POTENCIANO CPA LLC                           | :   |  |
|            |                                    |  | Firm/Company  | <del></del>  |
|            |                                    | 400 MAGUIRE PARK ST                          | *#208 .   |  |
|            |                                    |  | Address   |  |
|            |                                    | OCOEE, FL 34761                              |   |  |
|            |                                    | A/0. 4 V S +1 8                              | City/State and Zip Code   |  |
|            |                                    | JANAYNA@POTENCIAN                            | NOCPA.COM<br>to be used for future annual report not                | (fication)   |
| For furthe | er information c                   | oncerning this matter, please c              | •   | inea(on)   |
| JANAYN     | NA POTENCIA                        | NO   | 407 413 2411  |  |
|            | Name o                             | f Person                                     | Area Code Daytin  | ne Telephone Number  |
| Enclosed   | is a check for the                 | he following amount:                         |   |  |
| ■ \$25.0   | 00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| _          | Mailing Addres                     |  | Street Address:   |  |
|            | Registration !<br>Division of C    |  | Registration Se<br>Division of Co                                   |  |
|            | P.O. Box 632                       |  | The Centre of   | -  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| BRAUS IMEX LLC  |  |                                   |
|---|--|-----------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our rece<br>liability Company) | <u>POS</u> I                      |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000029890</u>       | were filed on <u>01/29/2019</u>                        | and assigned                      |
| This amendment is submitted to amend the following:   |  |                                   |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                    |                                   |
| The new name must be distinguishable and contain the words "Limited Liabil  | hty Company," the designation "I                       | J.C" or the abbreviation "L.I. C" |
| Enter new principal offices address, if applicable:   | 481 E HILLSBORO BLVD SUTTE 200A                        |                                   |
| (Principal office address MUST BE A STREET ADDRESS)   | DESCRIPTION OF ACTUAL 22 1 11                          |                                   |
|   |  |                                   |
| Enter new mailing address, if applicable:   | 481 E HILLSBORO BLAT                                   | SUITE 200A                        |
| (Mailing address MAY BE A POST OFFICE BOX)  | DEERFIELD BEACH, FL 33441                              |                                   |
|   |  |                                   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>en</u>                      | ter the name of the new register  |
| Name of New Registered Agent:   |  |                                   |
| New Registered Office Address:  | Enter Florida street ad                                | Mires                             |
|   |  | Florida                           |
| <del></del>   | 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 ditties, 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MHV

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  |
|--------------|------------------------|---------------------------------|-----------------|
| AMBR         | TERESINHA MARIA CESENA | 244 S MILITARY TRAIL            | لىد□            |
|              |                        | DEERFIELD BEACH, FL 33442       | <b>■</b> Remove |
|              |                        |                                 | □Change         |
| MGR          | JAIMELUIZ SEGANTINE    | 481 E HILLSBORO BLVD SUTTE 200A | <b>=</b> Add    |
|              |                        | DEERFIELD BEACH, FL.33441       | □Remove         |
|              |                        |                                 | ©Change         |
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| te: | ive date, if other than the date of filing:   |
|     | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:<br>90th day after the record is filed. |
| ıcd | May 27 2020. Affancly.  |
|     | Signature of a member or authorized representative of a member  |
|     | /   |