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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BIRACCHIER, HAINTENANCE AND REPAIRS SERVICE, 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:
BRACCHIER HERNANDEZ PEDIZO JOSÉ Name of Person
BRACCHER HAINTENANCE AND REPAIRS SERVICE, LLC
Firm/Company
12039 Sw 3197 CT HIRAHAR FL 33025
MIRAHAR, FL 33025 City/State and Zip Code
· '
Poragis Semail - com E-mail address: (to be used for future unnual report notification)
For further information concerning this matter, please call;
Pedro Jose Bracciller, Hernandet at (754) 3047722 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certificate of

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

BRACCHIER HAINTENANCE AND	D REPAIRS SERVICE LLL.
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) i Liability Company)
	2/14/2019
The Articles of Organization for this Limited Liability Compan	y were filed on Florion and assigned
Florida document number L19000045119	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	pility Company," the designation "L1,C" or the abbreviation "L.1, C"
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)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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
наг	PEDIZO JOSE BRACCHELL	12039 SW 31 ST CT HIRAMAR F	<u> 33€25</u> ⊠ Add
			☐ Remove
			Change
			☐ Remove
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			Remove
			Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	01/28 2019
	Signature of a member or authorized representative of a member
	PEDRO JOSE BRACCHIERT HERWANDEZ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00