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S. YOUNG

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COVER LETTER

TO: Registration Se Division of Cor	ction porations 📝		.9
SUBJECT: <u>Al</u>	1 About Brady Name of Line	L. L. C ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Reginald	BraJy Name of Verson	
		Firm/Company	
	12607 Willo	Address	
	Jackson ulla, F	City/State and Zip Code	
	Taylor C JB Q Aol. E-mail address: (1	Com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Reginal 1	Bradg	at (<u>904</u>) <u>612-</u> Area Code Daytime	7708 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

All About Brady L.L.C	
(<u>Name of the Limited Liabi</u> (A Floric	ity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on $\frac{03/24/19}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
All About Brady's Cleaning Service The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, <u>enter the name of the ne</u> lress here:
New Registered Office Address:	
New Registered Villiee Address.	Enter Florida street address
	, Florida
	City Zip Code

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:

or remove	u from our records;
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			
			Remove
			
			□ Remove
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

D. Af amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
<u> </u>	
 -	
	
	
(If an effective on Note: If the	te, if other than the date of filing:
If the record s (b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated A	Agual Brady Typed or printed name of signee
_	Signature of a member or authorized representative of a member
	heainald Brady
_	Typed or printed name of signee

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Filing Fee: \$25.00