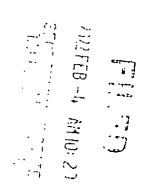


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
FEB 17 2022





02/04/22--01008--001 **30.00



COVER LETTER

TO:

Registration Section

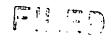
Tallahassee, FL 32314

Div	ision of Cor	porations		
	Brosell Bus	iness Solutions LLC		
SUBJECT:				
			S	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Julia Brodska		
		***	Name of Person	**
		Brosell Business Solutions	LLC dba Best Life-ing	
			Firm/Company	
		5225 Collins Ave, Suite 22	7	
			Address	
		Miami Beach, Fl, 33140		
			City/State and Zip Code	
		Julia@bestlifeing.com		
			to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Emily Saund	iers		507 5433464 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
	iling Addres gistration S		Street Address: Registration Se	ection
Di	vision of C	Corporations	Division of Co	orporations
P.0	D. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Brosell Business Solutions LLC		7322 FEB -4 AM 10: 27
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	TO STATE
The Articles of Organization for this Limited Liability Company Florida document number L19000125765	were filed on $\frac{01-13-21}{5}$	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 Liabi	lity Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5225 Collins Ave, Suite 227	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Fl. 33140	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	_ 1	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 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>	<u>Address</u>	Type of Action
MGR	BUSSELL, LYNN M	900 BISCAYNE BLVD, APT 4204	□Add
		MIAMI, FL 33132	■Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change

			to deal to a later	<u>-</u>	
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			<u> </u>		
			-		
	 	······································			
Effective date, if other than fan effective date is listed, the date	must be specific and	cannot be prior to da	te of filing or more than	(optional 190 days after filing	g.) Pursuant to 605.0207
	is block does not m	eet the applicable	statutory filing requi	rements, this dat	e will not be listed as
Note: If the date inserted in the document's effective date on the	ne Department of St				
Note: If the date inserted in th	-		at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
Note: If the date inserted in the document's effective date on the record specifies a delayed effective and specifies are specified and specifies and specifies and specifies and specifies are specified and specifies and specifies are specified and specifies and specifies and specifies and specifies are specified as a specified and specifies are specified and specifies are speci	-		at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
Note: If the date inserted in the document's effective date on the record specifies a delayed effect is filed.	-	an effective time,	at 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
Note: If the date inserted in the document's effective date on the record specifies a delayed effect is filed.	ective date, but not a	2022	at 12:01 a.m. on the		he 90th day after the