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AUG 01 2019 S. YOUNG

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: BRE BRE,	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Department		
		Name of Person	
	MyCorporation Business S	Services, Inc.	
		Firm/Company	
	26025 Mureau Rd Suite 1.	20	
	 ·	Address	<u>. </u>
	Calabasas, CA 91302		
	-	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	lication)
For further information c	oncerning this matter, please c	all:	
Processing Department		877 692-6772	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	no fallon ing amount		
	_	S55.00 Filing Fee &	☐ \$60.00 Filing Fee.
= 3.23.007 mmg / CC	Certificate of Status	Certified Copy radditional copy (senclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURI Registration Section	
		Division of Corporations	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR	E BRE, LLC	
(Name of the Limited Liability Cor (A Fiorida Limit	mpany as it now appears on our records.) ec Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 06/28/2019	and assigned
Florida document number L19000169563		
This amendment is submitted to arrend the following:	•	
A. If amending name, enter the new name of the limited li	iability company here:	
BRE BRE TRUCKING, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS))	
		三月四
		26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- ω
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Test region to Tribarious.	Enter Florida street address	
	, 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 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

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

	
•——	
Note: If the	ate, if other than the date of filing:
f the record b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	7.23 . 2019.
2	Signature of a member or authorized representative of a member
ב	EBRIAH COOKS, MEMBER
•••	Typed or printed name of signee

• . • •

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Filing Fee: \$25.00