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ro:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PEDRO :UZQUINOS Account Number : 120170000042 Phone : (954)655-8413

Phone : (954)655-8413 Fax Number : (954)432-8607

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\*\*Enter the email address for this business entity to be used for future duncal report mailings. Enter only one email address ploase.\*\*

RMAIL ADDRESS: PLUZQUINOSF@ HOTMAIL.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRAINSTORM CAPITAL LLC

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|----------------|--------------------------------|-------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| TO: Re<br>Dis  | gistration Se<br>vision of Cor | ection<br>porations                       |                                                                     |                                                                                                    |
| SUBJECT:       | BRAINST                        | ORM CAPITAL LLC                           |                                                                     |                                                                                                    |
|                |                                | Name of L                                 | imited Liability Company                                            |                                                                                                    |
| The enclose    | d Articles of                  | Amendment and fee(s) are s                | ubmitted for filing.                                                |                                                                                                    |
| Please return  | n all correspo                 | ndence concerning this man                | er to the following:                                                |                                                                                                    |
|                |                                | JOSE L BLANCO                             |                                                                     |                                                                                                    |
|                |                                |                                           | Name of Person                                                      |                                                                                                    |
|                |                                |                                           | Firm/Company                                                        |                                                                                                    |
|                |                                | 5252 NW 85TH AVE #                        | 191!                                                                |                                                                                                    |
|                |                                | DORAL, FL 33166                           | Address                                                             |                                                                                                    |
|                |                                |                                           | City/State and Zip Code                                             |                                                                                                    |
|                |                                | PLUZQUINOSF@HOTM                          | 1AIL.COM                                                            |                                                                                                    |
| For further in | iformation co                  | ncerning this matter, please              | (to be used for future annual report no call:                       | tification)                                                                                        |
| PEDRO LUZ      |                                |                                           | 954 655-8413                                                        |                                                                                                    |
|                | Name of                        | Person                                    | at ()                                                               | me Telephone Number                                                                                |
| Enclosed is a  | check for the                  | following amount:                         |                                                                     |                                                                                                    |
| ■ \$25.00 Fi   | ling Fee                       | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certifled Copy (odditional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRAINSTORM CAPITAL LLC                                                           |                                                                                   |                                               |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|
| (Name of the Lie                                                                 | nited Liability Company as it now appear<br>(A Florida Limited Liability Company) | on our records.)                              |
| The Articles of Organization for this Limited                                    | Liability Company were filed on 109/                                              | 03/2019 and assigned                          |
| Florida document number L19000216729                                             | <u> </u>                                                                          |                                               |
| This amendment is submitted to amend the fo                                      | llowing:                                                                          |                                               |
| A. If amending name, enter the new name                                          | of the limited liability company he                                               | re:                                           |
|                                                                                  |                                                                                   | ·                                             |
| he new name must be distinguishable and contain the                              | words "Limited Liability Company," the de-                                        | esignation "LLC" or the abbreviation "L.L.C." |
| enter new principal offices address, if appl                                     | icable:                                                                           |                                               |
| Principal office address MUST BE A STRE                                          | ET ADDRESS)                                                                       |                                               |
|                                                                                  |                                                                                   | red (i.                                       |
|                                                                                  |                                                                                   |                                               |
| inter new mailing address, if applicable:                                        | <del></del>                                                                       |                                               |
| Mailing address MAY BE: A POST OFFICE                                            | <u></u>                                                                           |                                               |
|                                                                                  |                                                                                   |                                               |
| . If amending the registered agent and existered agent and/or the new registered | l/or registered office address on                                                 | our records, enter the name of the            |
|                                                                                  |                                                                                   |                                               |
| Name of New Registered Agent:                                                    | MAURICIO J, NUNES                                                                 |                                               |
| New Registered Office Address:                                                   | 5252 NW 85TH AVE # 1911                                                           | _                                             |
|                                                                                  | Enier Florid                                                                      | da street uddress                             |
|                                                                                  | DORAL.                                                                            | , Florida 33166                               |
|                                                                                  | Chy                                                                               | 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 filled 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

Page 1 of 3

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                         |
|-------------|-------------------|-------------------------|----------------------------------------|
| AMBR        | NUNES, MAURICIO J | 5252 NW 85TH AVE # 1911 |                                        |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ofc; If the date inserted in this block does not meet the a ocument's effective date on the Department of State's rec | (optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 pplicable statutory filing requirements, this date will not be listed ords. |
| record specifies a delayed effective date, bu<br>The 90th day after the record is filed.                                                                                                                                                    | t not an effective time, at 12:01 a.m. on the earlier                                                                                                                 |
| SEPTEMBER 16 2019                                                                                                                                                                                                                           |                                                                                                                                                                       |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                     | ·                                                                                                                                                                     |
| <u></u>                                                                                                                                                                                                                                     | _                                                                                                                                                                     |
| Signature of a member or                                                                                                                                                                                                                    | authorized representative of a member                                                                                                                                 |

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