

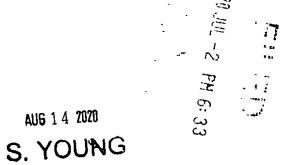
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRACOL GENERAL COMMUNIC	ompany LLC
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the follow	ring:
AMUKAN LOSA DA SILVA Name of Person	
BLACOL GENERAL COMMUNICATION L	LC
448 LOCA RD SUITE 128 Address	
DESCRIED BOACH, SL 33442 City/State and Zip Code SILVA ADILLONUSA@ 5MAIL. COM	
	71 0124 ytime Telephone Number
Registration SectionRegistration SectionDivision of CorporationsDivision Section S	Address: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303
Enclosed is a check for the following amount: S25 Filing Fee	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

H COMMUNICATION

The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ö w Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida _

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>	Name	Address	Type of Action
VP_	ADILYAN ROSA DASILYA	- 448 LOCK RD SUITE 12	Add
		2448 LOCK RD SWITE 123 Deerfierd BEACH ft 334	42_ © Remove
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record spe d is filed.	ecifies a del	layed effecti	ive date, bu	it not an e	ffective ti	me, at 12:0	01 a.m. on (he earlier	of: (b)	The 90th d	ay after the
ated 1	DNE	24		<u>, &</u>	2020						
			da	X		<u></u>					
Q	4		Signature	ol a mem	er or auth	orized repre	sentative of	a member			