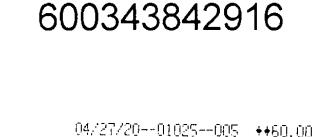
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(R	equestor's Name)
(A	ddress)
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(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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TO: Registration Section **Division of Corporations** BRAVO WEBWARE LEC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DALYN NYE Name of Person BRAVO WEBWARE LLC Firm/Company 14310 SW 17th STREET Address DAVIE, FL 33325 City/State and Zip Code INFO@BRAVOWEBWARE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

DALYN NYE	305	216-3636
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

BRAVO WEBWAR	HELLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears o y Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were	03/03/20	and as	and assigned	
Florida document number	78			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany here	:		
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the desig	gnation "LLC" or the al	bbreviation "I	.I.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			020	
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Enter new mailing address, if applicable:	·- ·- · · · · · · · · · · · · · · · · ·	··· , · · • • · · · · · · · · · · · · ·	2	
(Mailing address MAY BE A POST OFFICE BOX)	_		7778	
<u></u>			=	انت
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B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our reco	ords, <u>enter the nan</u>	ne of the ne	w regi
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Enter Florida	street address		
	. <u> </u>	, Florida	40. 40.	
C_{i}	ity:		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 will 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AR	KHALIL J. MARTIN	14310 SW 17th St, Davie, FL 33325	= Add
			□Remove
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Note: If the da	e, if other than the date e is listed, the date must be s the inserted in this block d ective date on the Depart	oes not mee	t the applica	o date of filing or ble statutory fi	more than 90 day	(optional) vs after filing.) Pu its, this date wil	rsuant to 605 I not be liste
e record specified is filed.	es a delayed effective date	c. but not an	effective tir	ne, at 12:01 a.r	n. on the earlier	of: (b) The 90	th day afte
	APRIL 20		2020				
Dated		,/					
		411	•				
	Silini	numer of a fire	nber or author	rized representat	ve of a member		

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