L20000096782

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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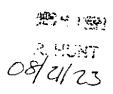


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D. VISION OF CORPORATIONS

2023 AUG 21 PM 12: LA



COVER LETTER

Division of Cor	porations			
	OMMAND LLC		·	
SUBJECT:	Name of Lim	ited Liability Company		
The anglosed Articlus of	Amendment and fee(s) are sub	mitted for filing		
	ndence concerning this matter			
	LOUIS CIRES			
		Name of Person		
	BRAVO COMMAND LL	C		
		Firm/Company	+	
	7700 N KENDALL DR S'	ГЕ 508А		
		Address	2023	MOISTAIN
	MIAMI, FL 33156		2023 AUG 21 PH 12: 40	307
	21	- H		
	LEGAL@BRAVOCMD.C) (1) (1)
		to be used for future annual report notificat	ion)	SE CORPCEATIONS
For further information c	oncerning this matter, please co	all:	÷ o) .
LOUIS CIRES		786 2561418 at ()		
Name o	f Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAVO COMMAND LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000096782</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		ANG 21
Enter new mailing address, if applicable:		<u>→ 명</u> 설명 * 영화
(Mailing address MAY BE A POST OFFICE BOX)		0 =
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAUL G PEREZ	7700 N KENDALL DR	
		STE 508A	= Remove
		MIAMI, FL 33156	
AMBR	LOUIS CIRES	7700 N KENDALL DR	= Add
		STE 508A	□Remove
		MIAMI, FL 33156	□Change
			□Add
			CIVISION OF CIVIS
			PH 20 40 40 40 40 40 40 40 40 40 40 40 40 40
			O →
			□ Change
			□ Remove
			□Change
			□Remove
			□Change

Typed or printed name of signee