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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA

Account Number : I19980000068 : (954)437-0700 Fax Number : (954)436-8195

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

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

BRAZEN INVESTMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL () . 2020

Jul. 2.2020 1:34PM

## ARTICLES OF AMENDMENT Ha のじょうしょうちゃく ろ TO ARTICLES OF ORGANIZATION OF

BRAZEN INVESTMENT GROUP, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.  [ Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05/29/2020	and assigned
Florida document number L20000146912		
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 Lial	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		To a li
(Mailing address MAY BE A POST OFFICE BOX)		; p
		<u> </u>
No contract of the second of t	and describe and an exposed and and a	ihe name of the new registerer
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter	ne hame or the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida
	City , Fitt	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 rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CALVIN MARKEESE JONES	3910 NW 32 TERRACE	🗆 Add
		LAUDERDALE LAKES, FL 33309	□Remove
			□ Add
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
		·	□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change

JACOB DEMAYO

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	effective date, if other than the date of filing:   Out of Octional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the recectors	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d July 2, 2020.

H20000207524 3

Typed or printed name of signee