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COVER LETTER

TO:		tion Secti of Corpo		• .	n	
CHDIE		nbuds LL	.c	,	n fr	
SUBJE	C1:		Name of Lim	ited Liability Company	-	
			mendment and fee(s) are sub	-		
			Michael Tomadakis			
				Name of Person		
			Brainbuds LLC			
			-	Firm/Company		
			397 Desoto Parkway			
				Address		
			Satellite Beach, Florida, 32	2937		
				City/State and Zip Code		
			metomadak@gmail.com			
			E-mail address: (to be used for future annua	I report notification)	
For furth	her inform	nation con	cerning this matter, please ca	ali:		
Michael	l Tomadal	cis		and the second s	870878	
		Name of P	Person	at () Area Code	Daytime Teleph	one Number
Enclose	d is a chec	ck for the	following amount:			
□ \$2 5	i.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing .	Address:		Street A	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

Brainbuds LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company))
he Articles of Organization for this Limited Liability Com	pany were filed on June 5, 2020	and assigned
lorida document number L20000153917	<u> </u>	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	S)	
-		2
		020
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 -	5 :
The second secon		
		50 50
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	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 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
MGR	Jake Vigeant	3710 Brunot Circle, Melbourne Florida, 32940	■Add
			□Remove
			□Change
			□Add
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	ust be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirements	
e record specifies a delay The 90th day after the re	ed effective date, but not an effective time, at 12: ecord is filed.	01 a.m. on the earlier o
June 27	2020	
Milan	Signature of a member or authorized representative of a member	
Michael Tomadakis	<u> </u>	
	Typed or printed name of signee	

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