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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Braven Holdin	hed Liability Company		
	Name of Lim	hed Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jacque	S-Richard F. Boul	et	
	Braven	Holdings LLC Firm/Company		
	7734_1	T. b. scus La		
		Prings FL 33065 City State and Zip Code		
	Jacques richard E-mail address: (	1. boulet agnail. Cor to be used for future annual report notific	ration) $\frac{1}{2}$	2020
For further information c	concerning this matter, please c	all:	LLAF ARES	AUG
Jacques - R: ch	nard F. Boylet	all:  at (954) 854-5  Area Code Daytime	F87 DE Telephone Number To E	19 PH 7: 2
Enclosed is a check for the	he following amount:		5	8
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fer Certificate of \$ts Certified Copy (additional copy is e	atus &
Mailing Addres Registration	Section	Street Address: Registration Sect		
Division of C	zorporations	Division of Corp	oradons	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Briven Hol	dimas LLC.
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000/18342</u>	1.12.120
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
	77C 20 A
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	28 C
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
<del>-</del>	Enter Florida street address
	Florida
	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 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
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cord specifies a delayed effective	date, but not an effe	ective time, at 12:0	01 a.m. on the earl	ier of: (b)	The 90th	day after th
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