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COVER LETTER

TO: Registration Section Division of Corporation	5		: 4
SUBJECT: BRYS	KYZIE, LL Slame of Limited Lia	C bilay Company	
The enclosed Articles of Amendm Please return all correspondence c			
·		Graham Nume at Person	
	BRYSKYZ		
<u> </u>		2564 Stree	2 1
	Homestrad	FL 330 Same and Zip Code & BKFirst	031
For further information concernin	F-mail address; (to be a	sed for future animal report note	ication)
Michael G. O. Name of Person	raham	at (305) 522 Area Code Daytim	L-4739 e Telephone Number
Enclosed is a check for the follow	ing amount:	/	
	0.00 Filing Fee &	\$55.00 Filing Fee & Certified Copy (taddmonal 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 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRYSKYZIE fame of the Limited Liability Company as it now appears on our records.)
(A Florida Limited (nability Company) The Articles of Organization for this Limited Liability Company were filed on 11 19 30 30 and assigned Florida document number L20000 366 75 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 fixed 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Michael G. Graham	19272 SM 329 St	
		Homestead, FL 33031	ElRemove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or n ote: If the date inserted in this block does not meet the applicable statutory film number of State's records.	(optional) one than 90 days after filing.) Pursuant g requirements, this date will not	t to 605,0207 (3 be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th da	iy after the
ated 12/21/30		
melul III		
Signature of a member of authorized representative Michael G. Graham Typed or printed mane of signee	of a member	

Filing Fee: \$25.00