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2022 MAR -7 AM 9: 1 SECRETARY OF STAT

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Brachy Clean of Mavavve LLC. Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Brandi Holbrook Name of Person							
Brachy Clean of Navarre LLC							
2293 Nina St.							
Navarre F1. 32566							
City/State and Zip Code City/State and Zip Code Grand Gran							
For further information concerning this matter, please call:							
Brandi Holbrook at (850) 686-7899 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

FILED

Brachy Clean	of Nave	arre	2022 HAR -7	AM 9: 11
Brachy (lean (Name of the Limited Liab) (A Flori	lity Company as it now da Limited Liability Cor	v appears on o mpany)	15 LLAHAS	OF STATE
The Articles of Organization for this Limited Liability Florida document number <u>L210005340</u>	Company were filed	۱۸.	14,202	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line. The new name must be distinguishable and contain the words "Li	Navar	Ve	LLC tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	(RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		n our record	is, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:		nter Florida stre	eet address	
			, Florida	
	City	·	, A WHUA	Zip Code
Now Degistered Agent's Signature if changing Degister	ad Agants			

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
			□Add
			☐ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			∏ (Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an 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)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
BHULLOOK.
Signature of a member or authorized representative of a member
Brandi Holbrook
Typed or printed name of signee

Filing Fee: \$25.00