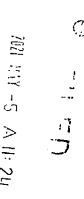
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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Division of Corporations Bretom LLC ÷ SUBJECT: 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: Flavio Filippini Name of Person Bretom LLC Firm/Company 19501 W Country Club Dr., Suite #1214 Address Aventura, FL 33180 City/State and Zip Code agjallc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Flavio Filippini 786 663-2376 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ **\$**60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) --Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRÉTOM LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ' and assigned Florida document number 1.21000040284 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 "L.L.C." 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 CinNew 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

litte	Name	Address	Type of Action
AMBR	DE KEMMETER, BRENDA M	19501 W COUNTRY CLUB DR. SUITE 1214, FE33180	
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ffective	date, if other than the date of filing:	2021
an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	otional) fter filing.) Pursuant to 605.02
<u>ote:</u> II	the date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.	this date will not be listed
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ecora s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	
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	Frank lille us	
	Signature of a member or authorized representative of a member	