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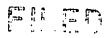
COVER LETTER

Registration Section Division of Corporations

TO:

BRACHO SUBJECT:	GROUP LLC		
30b/I.C.T.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	HERNAN D BRACHO Л	MENEZ	
		Name of Person	
	BRACHO GROUP LLC		
		Firm/Company	
	5300 PASEO BLVD		
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	USTUEMPRESA@GMAII		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
HERNAN D BRACHO	JIMENEZ	786 340-0372 at ()	
Name of Person			e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



BRACHO GROUP LLC

2021 DEC 17 PH 4: 37

\ <u></u>	ited Liability Company as it now appear (A Florida Limited Liability Company)	TALL AMOUNT OF STATE
The Articles of Organization for this Limited	Liability Company were filed on $\frac{0}{2}$	
Florida document number 1.21000146540	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
NA		
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 appli	icable: NA	
(Principal office address MUST BE A STRE	ET ADDRESS)	

Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE	<u></u>	
		
D. M		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	NA	
Name Declarated Off Address	NA	
New Registered Office Address:	<u>. </u>	orida street address
	NA	Florida ^{NA}
	1774	Florida PO

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>	<u>Address</u>	Type of Action
AMBR	JOSE COLMENARES	5300 PASEO BLVD	■Add
		DORAL, FL 33166	□Remove
			□Change
NA	NA NA	NA	□Add
			□Remove
			□Change
NA ———	NA	NA	□ Add
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			Change
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ffective date, if other than the data an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be pri does not meet the appl	licable statutory filin	ore than 90 days after g requirements, this	onal) tiling.) Pursuant to 605.020 date will not be listed a
e record specifies a delayed ei The 90th day after the record	ffective date, but r I is filed.	not an effective t	ime, at 12:01 a	.m. on the earlier o
ated	2021	·		
	HERNAN I	BRACHO		
Sig	HTRNAN 2 mature of a member or au	BRACHO thorized representative	of a member	

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