# 122000069054

(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	<del></del>
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Office Use Only



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T. MATTHEWS MAY 25 2022

### **COVER LETTER**

Registration Section

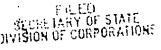
TO:

Div	ision of Cor	porations		
// TO TO COT	Brady-Vela	Management LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del>- 11.</del> -
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alicia Atkins		
		<del></del>	Name of Person	
		Brady-Vela Management I	LLC	
			Firm/Company	
		109 N Beaumont Ave		
		<del> </del>	Address	<u> </u>
		Kissimmee FL 34741		
			City/State and Zip Code	
		bradyvelamanagement@gm E-mail address: (	iail.com to be used for future annual report r	notification)
For further in	nformation e	oncerning this matter, please of	·	
Alicia Atkin	ıs		804 9399808 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>≡</b> \$25.00 I	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)
Re	iling Addres	Section	Street Address: Registration	Section
	vision of C D. Box 632	Corporations 27	Division of C The Centre o	
	llahassee, l			roc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION STORE TARY OF STATE OF



22 APR 18 AM 11: 54

Brady-Vela Management LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L22000069054		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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:	109 N Beaumont Ave Kiss	simmee FL 34741
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, 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
			□Add
			Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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			□Change
		<del></del> .	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Note: If	e date, if other than the date of filing:
the record s	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
Dated	·
	Signature of a member or putherized representative of a member
	Alicia Atkins  Typed or printed name of signce

Filing Fee: \$25.00