

L22000272069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

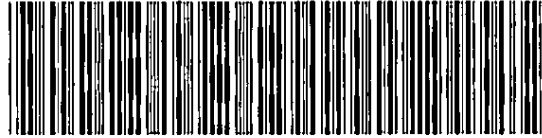
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400397348984

FILED

2022 NOV 14 PM 1:38

CLERK OF SUPERIOR COURT

2022 NOV 14 4:11:22

A. BUTLER

NOV 15 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$ 55.
AUTHORIZATION SIGNATURE: _____

Brafilka LLC

BUSINESS (Name) .

Document #

___ Walk in ___ Pick up time ___

___ Mail out ___ Will wait

___ Photocopy

☒ Certified Copy of Articles of ~~Correction~~ ^{of organization} (please stamp each page)

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ CORP

AMMENDMENTS

☒ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion
___ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of Partnership
___ Reinstatement

___ APOSTIL ___
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brafika 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:

Yaakov Klein

Name of Person

Frankel Rubin Klein Payne & Pudlowski, P.C.

Firm/Company

231 S Bemiston Ave, Suite 1111

Address

Clayton, MO 63105

City/State and Zip Code

yklein@frankelrubin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaakov Klein

314
at ()

725-8000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32303

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

FILED

Brafika LLC

2022 NOV 14 PM 1:38

(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 6/14/2022 and assigned Florida document number L22000272069.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

YouCruit Insurance Solutions LLC

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

Typed or printed name of signee