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COVER LETTER

Division of Corporations	
SUBJECT: BR Medical Name of	Commodities LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	
,	
Branda	Name of Person
Davar	23 Enterprises LLC Firm/Company
13239	Canna Lily Drive
Orlan	City/State and Zip Code
<u>brandan r</u> E-mail addres	se: (to be used for future annual report notification)
For further information concerning this matter, pleas	
Brandan Reese	at (321) 287 1981 Area Code Daytime Telephone Number
Same of Ferson	Area Code Daytine Telephone isumici
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	modifies L	1 C
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u> hability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 3 22748</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Davar 23 Enterprises LL The new name must be distinguishable and contain the words "Limited Liabil		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13239 Canno Orlando, FL	Lily Drive
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7157 Narcous Orlando, FL	see Rd #1247 328 22
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flortda street address	
	, Flor City	ida 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

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
			□Remove
			□Change
		□Add	
			□Remove
		□Change	
			□Add
			□Remove
			□Change

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). If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> 1	ye date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	February 22 2023 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Brandan Reese Typed or printed name of signee

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