L22000395309

(Re	questor's Name)
hA)	idress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J DENNIS
	FEB 2 - 2023

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
BRAXUS	CONSULTING GROUP, LEC	•	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MADELLINE MOREIRA		
		Name of Person	
	BRAXUS CONSULTING	GROUP, LLC	
		Firm/Company	
	7772 NW 198 TER	•	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	
	DAMIL36@YAHOO.COM	1 to be used for future annual report	watification)
For further information of	concerning this matter, please e	•	ionication)
DANNY MOREIRA		305 4698697	
Name o	of Person	at () Area Code Day	time 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	Section	Street Address Registration Division of C	Section
Division of C P.O. Box 632	•	Division of C The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

BRAXUS CONSULTING GROUP, 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 09/09/2022 and assigned Florida document number 1.22000395309

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 registers agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida <u>__</u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MADELLINE MOREIRA		□Add
			□Remove
		7772 NW 198 TER HIALEAH, FL 33015	≅ Change
			□Add
			□Remove
			□Change
	<u></u>		□Add
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the	applicable statutory	or more than 90 days aft	tional) er filing.) Pursuant to 605.0 nis date will not be listed	0207 (3 d as th
the record specifies a delayed effective cord is filed.	date, but not an effe	ective time, at 12:01	a.m. on the earlier of:	b) The 90th day after t	the
Dated NOVEMBER 2	2022 	2			
Dated	 V1/1	·			
* Willer	JVI.	or authorized represen			

Typed or printed name of signee