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COVER LETTER

Division of Cor			
SUBJECT:	Frua Bra L	IC	
30001CT	Name of Lim	LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	<u>tarla</u>	VIIIA VI C. H CIO Name of Person	
	E Cua	Bra LLC Firm/Company	
		S CruB JAY CT	
		/ d F L 3272 City/State and Zip Code	4
	E-mail address: (to be used for future adjust report not	Cu A C
For further information c	oncerning this matter, please co	all:	
FALLA Name o	Y A Y C (W C) O f Person	at (<u>7 & 7</u>) <u>6 4/3</u> Area Code Daytim	— 69 9 ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632 Tallahassee, l	7	The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E (UABIA LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r la Limited Liability Company)	<u>ecords.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>よっとめり 49 15</u>	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:	nited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u>, ,</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		re . T
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>c</u>	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		_, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALINE TOBIAS MARTINS	S 1559 SCHUB JAY CT	🗆 Add
		Deland FL 32724	tSRemove
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<u>Note:</u> If the date in	other than the date of fi sted, the date must be specific serted in this block does note date on the Department of	ot meet the applic	able statutory filir	(opti nore than 90 days afte ag requirements, thi	onal) r filing.) Pursua is date will no	int to 605.02 it be listed
d is filed.	delayed effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (t	The 90th	day after th
Dated	1-16-2022	<u> </u>	·			
	///					

Filing Fee: \$25.00