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## **COVER LETTER**

TO: Registration Se  Division of Cor		,				
	a Group, LLC					
SUBJECT:	Name of Lim	ited Liability Company	,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for fifing.				
Please return all correspo	indence concerning this matter	to the following:				
	Crystal Richardson					
	**************************************	Name of Person	***************************************	_		
	The Breseia Group. LLC					
		Firm/Company		_		
	400 Monterey Blvd NE					
		Address		- (0	~>	
	St. Petersburg, FL 33704			NAT.	024 F	est*,
	erystal@thebresciagroup.ec	City/State and Zip Code		ETARY LAHAS	2024 FEB 28	-301
	E-mail address: (	to be used for future annual report noti	fication)	388 30,	2	T
For further information c	oncerning this matter, please c	alt:		E, FIA	84 :01 HV	<b>1</b>
Crystal Richardson		813 2951121 at ( )		, <u>H</u>	œ	
Name o	f Person		e Telephone Numb	er		
Enclosed is a check for the	ne foliowing amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Sta	itus &	
Maining Address Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	porations			
P.O. Box 632	.7	The Centre of T	`allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Brescia Group, LLC	_	
(Name of the Limited )	Liability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabs Florida document number    L22000534432		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	2024FE
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).		188 × 17
Trincipal office address most DD months		77.67 4
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regingent and/or the new registered office address t	· ·	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	orida
-	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 an 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

ii umending 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>	<u>Address</u>	Type of Action
Ms.	Crystal Richardson	6207 S Westshore Blvd	□Add
		Unit 4013	<b>≣</b> Remove
		Tampa, FL 33616	□Change
			□Remove
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