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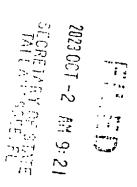
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COVER LETTER

TO: Registration Se Division of Cor			
Brave Kids	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter		
	Robert Thompson		
		Name of Person	
	Brave Kidz LLC		
		Firm/Company	
	42068 Dahlia Way		
		Address	
	Temecula, Ca 92591		
		City/State and Zip Code	
	bobbyetagent@yahoo.com		
For further information c	E-mail address: (concerning this matter, please c	(to be used for future annual report notification)	
Robert Thompson	-	619 602-4356	
Name of Person		at ()	•
Enclosed is a check for t	he following amount:	7-21	• •
□ \$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) ☐ Certified Copy (additional copy is enclosed)	َ بِهِ مورين الورين
Mailing Addre Registration Division of C	Section	Street Address: Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brave Kidz LLC

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our record: Liability Company)	<u>-</u>	
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number 1.23000289107		- 3	
This amendment is submitted to amend the following:		FERRESCORE	
A. If amending name, <u>enter the new name of the limited liah</u>	<u>ility company here</u> :	2	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation L.L.C.	
Enter new principal offices address, if applicable:	11921 SW 134TH COURT MIAMI, FL 33486 💝		
(Principal office address MUST BE A STREET ADDRESS)			
	-		
Enter new mailing address, if applicable:	42068 Dahlia Way		
(Mailing address MAY BE A POST OFFICE BOX)	Temecula, Ca 92591		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres:	s	
	, Flo	orida	

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, 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
MGR	SUAREZ., JOSE DAVID, MD	3755 SW 130 AVENUE MIAMI, FL 33175	□ Add
			■ Remove
			□Change
MGR	Barros, Jorge, MD	12652 N. Winners Circle	■Add
		Davie, FL 33330	Remove
			PAdd []
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ 09/25/23 ignature of a member or authorized representative of a member Robert Thompson Typed or printed name of signee