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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: | BR STRATEGIC SOLUTIONS LLC | | | | |
|----------------|----------------------------|--|---|--|--|
| BODGE CT. | - | Name of Lin | nited Liability Company | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | n all correspo | ondence concerning this matter | to the following: | | |
| | | FERNANDO R PENA VI | ERGARA | | |
| | | | Name of Person | | |
| | | Fermala | Rena . | | |
| | | | Firm/Company | | |
| | | 100 OCEAN LANE DR A | APT 303 | | |
| | | | Address | | |
| | | KEY BISCAYNE, FL 33 | 149 | | |
| | | | City/State and Zip Code | | |
| | | | | | |
| | | E-mail address: (| to be used for future annual report no | otification) | |
| For further in | nformation c | oncerning this matter, please c | all: | | |
| FERNAND | O R PENA V | VERGARA | 786 961-7049 | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a | a check for th | ne following amount: | | | |
| ■ \$25.00 F | 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) | |
| | iling Addres | | Street Address: | | |
| | gistration S | | Registration S | | |
| | vision of C). Box 632 | orporations 7 | Division of Co The Centre of | • | |
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

2023 DOT 17 AV 7. 20

| BR STRATEGIC SOLUTIONS LLC | | 2023 OCT 17 AM 7: 36 |
|--|---|------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as It now appears on our r imited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Con | npany were filed on08/07/2023 | • • |
| Florida document number L23000370742 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limite</u> | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our records, <u>e</u> | nter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | | , Florida |
| New Registered Agent's Signature, if changing Registered A | City | Zip Code |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------|---------------------------|----------------|
| AMBR | BRYAN SERGIO AMAOLO | 7000 ISLAND BLVD APT 1001 | ■Add |
| | | AVENTURA, FL 33160 | □Remove |
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| | | 08/ | 07/2023 | | | |
| E. Effective date, if | other than the dat | e of filing: | | | (optional) | .) Pursuant to 605.0207 (3) |
| Note: If the date is | | does not meet th | e applicable si | | | will not be listed as the |
| f the record specifies a ecord is filed. | ı delayed effective da | te, but not an eff | ective time, at | 12:01 a.m. on the | earlier of: (b) Ti | ne 90th day after the |
| A manuel AD | | 202 | 3 | | | |
| Dated | | , -/ | | | | |
| | | [. |) | | | |

Typed or printed name of signee