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COVER LETTER

TO:

Registration Section.

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations						
SUBJECT: FUTURE Brains LA	1					
Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for fili	ng.					
Please return all correspondence concerning this matter to the followi	ng:					
\mathcal{A}) / 6					
Juliety D	losales					
Name o	f Person					
Firm/C	ompany					
(25) Conoked	Pala Fecc					
6752 Crooked	ress					
MIAMI LAKES. A City/State a 40_4-124Ato E-mail/address: (to be used for 1	21.22014					
City/State a	and Zip Code					
11. 1. 1. Dug Ho	20.00.0					
E-mail address: (to be used for the second of the second o	luture annual report notification)					
For further information concerning this matter, please call:						
alling of a con	= 160-004					
Name of Person at (2)	ea Code Daytine Telephone Number					
reapie of recent	The state of the s					
Enclosed is a check for the following amount:						
S25.00 Filing Fee S30.00 Filing Fee & S55.00	Filing Fee & S60.00 Filing Fee. ied Copy Certificate of Status &					
	onal copy is enclosed) Certified Copy					
	(additional copy is enclosed)					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7

- FUTURE D	nited Liability Company as (A Florida Limited Liabili	<u>ب</u>		
(Same of the Ein	(A Florida Limited Liabili	it now appears on o ty Company)	ur_records.)	
The Articles of Organization for this Limited Florida document number <u>よみ3の0</u> 0		: filed on//	118/23	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability o	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	onipany," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appli	icable:	<u> </u>		
Principal office address MUST BE A STRE	ET ADDRESS)			
	_			2021
				AON 9202
Enter new mailing address, if applicable:				<u></u>
Mailing address MAY BE A POST OFFICE	<u>. BOX)</u>	<u></u>		****
				 ω ω
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office addre <u>ess here</u> :	ss on our record	s, enter the name	of the ne₩registered
Name of New Registered Agent:	Goliety 6752 Cra	Rosa	ales	
New Registered Office Address:	6752 Cra	DKed Pa	Vm · Terr.	
	MAMI !	LAKES	Florida3	30/4 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Inc Authority RA	390 NortH Drange Ave. STE2300-N Orlando Fl 328	□Add
	·	STE2300-N. Orlando . Fl. 328	DI_ Ekemove
			□Change
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			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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 __ Signature of a member or authorized representative of a member

Filing Fee: \$25.00