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## COVER LETTER

	gistration Secti vision of Corpo		
OUDIECT	Bravos Prope	rties LLC	
SUBJECT:		Name of Limited Liability Company	
		nendment and fee(s) are submitted for filing.	
Please retur	n all correspond	ence concerning this matter to the following:	
		Lidia Bravo	
		Name of Person	
		Bravos Properties LLC	
		Firm/Company	
		25004 SW 107 AVE	
		Address	
		Homestead, FL 33032	
		City/State and Zip Cod	le
		Bravosproperties@gmail.com  E-mail address: (to be used for future annu	al report notification)
For further	information con	cerning this matter, please call:	•
Lidia Brav			556-9959
	Name of P		Daytime Telephone Number
Enclosed is	a check for the	following amount:	<u> </u>
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fe Certificate of Status ☐ \$60.00 Filing Fee & Certified Copy (additional copy is continuous)	e &   \$60.00 Filing Fee.  Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bravos Properties LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on 01/29/2024	and as	signed
Florida document number L24000049547	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the a	bbreviation "l.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
			<del></del>
B. If amending the registered agent and/or registe	ered office address on our records, enter the nan	ne of the ne	w registere
agent and/or the new registered office address her			T~1
			<u> </u>
Name of New Registered Agent:		:	
Name of New Registered Agent.		·	\ <u>.</u>
New Registered Office Address:			<del></del>
	Enter Florida street address	: j =	
	, Florida	<u> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	ن <u> </u>
<del></del>	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Lidia Bravo	25004 SW 107 AVE HOMESTEAD, FL 33032	■Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more tote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuṃñţ to 605:020 requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ated FEBRUARY, 16TH 2024	
Jam.	
Signature of a member or authorized representative of	a member