L24000141503

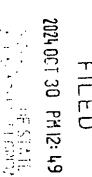
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COVER LETTER

TO:

Registration Section Division of Corporations

BRACARL SUBJECT:	LLC		
Songr.C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEJANDRA LOPEZ FL	OREZ	
		Name of Person	
	BRACARLI LLC		
		Firm/Company	
	650 NE 2ND AVENUE 18	305	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	info@ataxsolutionscorp.cor		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	ill:	
ALEJANDRA LOPEZ F		305 600-6379	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of T	l'allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2024 0CT 30 PH 12: 49 (Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

BRACARLILLC

The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{03/22}{}$	2024 and assigned
Florida document number L24000141503		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "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 of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our reco	rds, enter the name of the new registered
New Registered Office Address:	Enter Florida .	street address
		, Florida
	·	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my t as provided for in Cha	duties, and I am familiar with and per 605, F.S. Or, if this document is

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
MGR	ALEJANDRA LOPEZ FLOREZ	650 NE 2ND AVENUE APTO 1805	□Add
		MIAMI, FL 33132	Remove
			□Change
MGR	BRAYAN ALEXANDER MORAI	Cra 43G #19-142	≘ Add
		Medellin, Antioquia, Colombia	□Remove
			□Change
			□Add
			[]Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			DAdd
			□Remove
			□Change

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	(optional) days after filing.) Pursuant to 605,020 nents, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlis filed.	lier of: (b) The 90th day after the
ted 2024	
61 - 12	
Signature of a member or authorized representative of a mem	

Filing Fee: \$25.00