

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000352405

Note: Please print this page and use it as a cover sheet. Type the document number (shown below) on the top and bottom of all pages of the document.

((H24000292534 3))



H24000292534 3 RC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

FILED
2024 AUG 30 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HANDSHAKE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON
AUG 30 2024

RECEIVED

2024 AUG 30 AM 8:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HANDSHAKE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVEFEE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City State and Zip Code

EFILE1234@INCFILE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at () 888-462-3453

Name of Person	Area Code	Daytime Telephone Number
----------------	-----------	--------------------------

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 30 AM 11:38

7-13D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDSHAKE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2024 and assigned Florida document number L24000352405

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRAXXWOOD CAPITAL LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ 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.)*

7-11

2024 AUG 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 August 29 2024

Matt Fabrico

Signature of a member or authorized representative of a member

Matt Fabrico

Typed or printed name of signee

Filing Fee: \$25.00

((H24000292534 3)))