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Office Use Only



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TO: Amendment So Division of Co			
	Brela Inc		
	DRATION: P18000079333 4BER:		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Gabriella Sajgo		
	Brela Inc	Name of Contact Per	Son
	3363 NE 163rd St Suite 709	Firm/ Company	
	North Miami Beach, FL, 3316	Address	
		City/ State and Zip C	ode
	gabriella@CSRmiami.com		
	E-mail address: (to be us	ed for future annual repo	ort notification)
For further informat	ion concerning this matter, pleas	se call:	
Gabriella Sajgo		786	- · · · · · · · · · · · · · · · · · · ·
Nam	e of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check	for the following amount made [payable to the Florida D	epartment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	: □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	nendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ame Divi The 241.	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 thassee, F1, 32303

Articles of Amendment to Articles of Incorporation of

breta inc			
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	13.7. 13.00	121
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(Document Numbe	er of Corporation (if known)	,-	ري. دي
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the foli	lowing ame	endment
A. If amending name, enter the new name of the corporation	: b / p		
name must be distinguishable and contain the word "corporation,			new
ume mast be distinguishable and comfain the word "Corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must e	viation Ci ontain the	orp., word
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	N / .		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	/		
	NA		
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N 16 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1			
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr 			
	<u> </u>		
Name of New Registered Agent	<u>N </u>		
	ℓ		
(Florida	a street address)		
New Registered Office Address:	, Florida		
	eCity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age			
hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the posi-	tion,	
	1		
	N / N		
Signature of No.	N K w Registered Agent, if changing		
signature of Nev	» кеңіметей адеш, ії спандіну		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	(1) (e), F.S.		
<i>?</i> *	·		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	nes			
X Add	<u>SV</u>	Sally Sp	<u>rith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change		_	Csilla Mezei		merse bostist off you selection to	IEP Store
Add X Remove						
2) Change		_				
V pta						
Remove 3) Change		_				
Add Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
N Add						
Remove				•		
6) Change		_				
Add					4-4-4	
N K Remove						

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	09.01.2022
late this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	9.01.2022.
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement uch voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
09.02.2022	
Dated	<u></u>

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gabriella Sajgo

(Typed or printed name of person signing)

CEO

(Title of person signing)