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## COVER LETTER

TO: Amendment Section Division of Corporations BREI & & L Group Inc. NAME OF CORPORATION: \_\_\_\_\_ DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Georbe GACCIA

Name of Contact Person n/A Firm/ Company 3058 S.W. 17 Street

Address

Miami FL 33145

City/ State and Zip Code Ggeorgegare 63 & gmail. Com
address: (15 be lised for future and all report notification) For further information concerning this matter, please call: Same of Contact Person at (305), 367-1066

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.Ö. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

Articles of Incorporation

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da Dept. of State)

## BREI & L Group Trc, 1 Name of Corporation as currently filed with the Florid

On Known
(Document Number of Corporation (if known)

The BRETEL 6				Thenew
The BRET&L G  name must be distinguishable and contain the word  line of or Co.," or the designation "Corp." or  chartered." protessional association." or the ac  B. Enter new principal office address, if applie  (Principal office address MUST BE A STREET)	i corporation, cor Inc. ' or "Co" = A f isbreviation "P A " able;	nojessionai Cnipa	norated or the above ration name must anternhack Beach, F	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E BQX)		SAme - NI	/A
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D. If amending the registered agent and/or re- new registered agent and/or the new regist Name of New Registered Agent	gistered office address:	,	er the name of the	
D. If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address:	<u>/</u> A	r the name of the	
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address:    Mail	A et addressi		(Zip Code)
D. If amending the registered agent and/or renew registered agent and/or the new regist  Name of New Registered Agent	gistered office address:  Y) /  (Florida sire	A et address) Cuvi	, Florida_	

Check if applicable

<sup>.</sup> The amendment(s) is are being filed pursuant to s.  $607\,0120\,(11)$  (e). F.S.

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.

Example: - <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>7.</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1.	<u>Addres</u> s
L) Change			n/a	
Add				<u> </u>
Remove				
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding addi Attach <i>additional sheets, if n</i>	ecessary). (Be s <sub>l</sub>	pecific) ,			
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If an amendment provides provisions for implement	i <u>for an exchange,</u> ing the amendme	reclassification, of ca of if not contained in	the amendment it	self:	
(if not applicable, indi	cate N/A)	ſ			
		n/a			
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The date of each amendment(s) adoption date this document was signed.	on:	-x, 2021	, if other than the
Effective date <u>if applicable</u> :	5Am	e	
Effective date is appreciate.	5A m tno more than 90 days after	amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statuto nent of State's records.	ory filing requirements, th	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was were adopted action was not required.	by the incorporators, or board of dire	ectors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		f votes cast for the amend	ment(s)
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting voting group entitled to vote separa	ggroups. The following s utely on the amendment(s)	tatement E
"The number of votes east for th	he amendment(s) was/were sufficien	it for approval	
bv		••••••••••••••••••••••••••••••••••••••	
	(voting group)		
DatedFet	Starcia		
Signature	Grarcia		
(By a directe selected, by	or, president or other officer – if dire an incorporator – if in the hands of a iduciary by that fiduciary)		
	GeneGe GA	rciA	
	Geor Ge GA (Typed or printed name of pe	erson signing)	
	Treasurer	_	
<del>_</del>	(Title of person signing)		