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COVER LETTER

**TO: Registration Section
Division of Corporations**

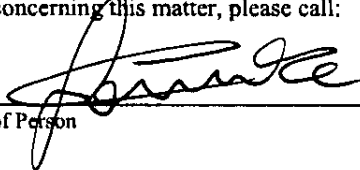
SUBJECT: BRAESPA, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DURA BERCI, JOAQUIM
Name of Person
BRAESPA, LLC
Firm/Company
500 BAYVIEW DR #1920
Address
SUNNY ISLES, FL 33160
City/State and Zip Code
CELIOJOSE@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIO FONSECA  at (561) 654-1231
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)

FILED MAR 3 1: PAID

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRAESPA, 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 10/04/2012 and assigned Florida document number L12000127023.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

KAYLA INTERNATIONAL N.V.

MERCURIUSSTRAAT 15, WILLEMSTAD

CURACAO

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 BAYVIEW DRIVE #1920

SUNNY ISLES, FL 33160

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:

DURA BERCI, JOAQUIM

New Registered Office Address:

500 BAYVIEW DRIVE #1920

Enter Florida street address

SUNNY ISLES

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)

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 03/31/2017 (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 on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 31ST, 2017

Signature of Joaquim Dura Berci

DURA BERCI, JOAQUIM
Typed or printed name of signee

FILED MAR 31 2017

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2017 MAR 31 10:51 AM
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA