

L10000094347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

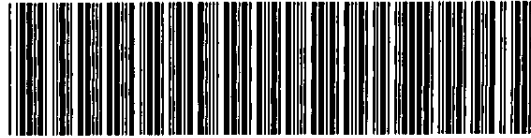
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 JAN 12 AM 9:03

J. SAULSBERRY
EXAMINER

JAN 13 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRANDMOR, 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:

PEDRO MOREAU
Name of Person

Firm/Company

383 EMERSON PLAZA APT 413
Address

ALTAMONTE SPRING, FL 32701
City/State and Zip Code

PEDROMOREAU@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO MOREAU at (407) 371-9076
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 JAN 12 AM 9 03

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BRANDMOR 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 09/09/10 and assigned
Florida document number L10000094347

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 end with 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)

2012 JAN 12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PEDRO MOREAU

New Registered Office Address:

383 EMERSON PLAZA #413

Enter Florida street address

ALTAMONTE SPRING

Florida

32701

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

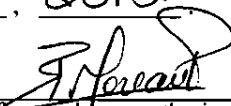
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO MOREAU	383 EMERSON PLAZA APT 413 ALTAMONTE SPRING, FL 32701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KENNYS BRANDO	155 S. COURT AVE APT 2306 ORLANDO, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PEDRO MOREAU 100 SHARES

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 JAN 12 AM 9 03

Dated JANUARY 04th, 2012



Signature of a member or authorized representative of a member

PEDRO MOREAU

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

BRANDMOR, LLC.

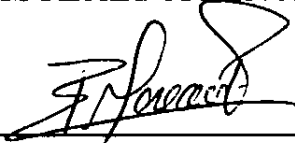
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT/REGISTERED OFFICE IS:

PEDRO MOREAU.
383 EMERSON PLAZA #413
ALTAMONTE SPRING, FL 32701

2012 JAN 12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED THE REGISTERED AGENT/REGISTERED OFFICE AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION ON AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

01/04/12

DATE