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COVER LETTER

Division of Cor				
	estment LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Grisel Morales, Esq.			
		Name of Person		
	Muinos & Morales P.L.			
	***************************************	Firm/Company	 -	-4 - 2
	300 Sevilla Ave Suite 301			TALLAND 18
		Address		-
	Coral Gables, FL 33134		• • •	PH
	pinoaprano@hotmail.com	City/State and Zip Code		PH 3: 47
	E-mail address: (to be used for future annual report notific	ation) ·	
For further information of	concerning this matter, please c	all:		
Grisel Morales, Esq.		305 403-0641 at ()		•
Name o	of Person		Telephone Number	***
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUMA INVESTMENT LLC		•	
(Name of the Limi	ted Linbility Company as it no (A Florida Limited Liability Co	ow appears on our records.)	
The Articles of Organization for this Limited L Florida document number		ed on and assigne	ed
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
The new name must be distinguishable and contain the	vords "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C.	**
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)	= = = = = = = = = = = = = = = = = = = =	1 (7) - 131 (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	24 CO PH CO:	10 10 10 10 10 10 10 10 10 10 10 10 10 1
B. If amending the registered agent and registered agent and/or the new registered of		dress on our records, enter the name of	the ne
Name of New Registered Agent:	Assunta Aprano de Truji	illo	
New Registered Office Address:	1325 NW 93 CT #B108	Emer Florida street address	
	Miami	Florida 33172	
		, riorua	

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Assunta Aprano de Trujillo	1325 NW 93 CT #B108	≅ Add
		Miami, Florida 33172	Aud
•		17.1dilli, 1 1011dd 33172	□ Remove
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Effective date, if other than the	date of filing:			<u>-</u>	_ (optional)	•	, A
If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ock does not mee	et the applicab					
he record specifies a delayed The 90th day after the rec	d effective dat ord is filed.	te, but not	an effective	e time, at 1	2:01 a.m. c	on the earlie	er of:
September 1		2016					
Dated	Wonia	Le Apr	ous				
		11/1 V	- /				

Page 3 of 3

Filing Fee: \$25.00