

L1900277493
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000277493 3)))



H190002774933ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOSF@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRAINSTORM CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 SEP 17 AM 9:16

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

SEP 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAINSTORM CAPITAL, 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:

JOSE L BLANCO

Name of Person

Firm/Company

5252 NW 85TH AVE # 1911

Address

DORAL, FL 33166

City/State and Zip Code

PL.UZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO UZQUINOS

954 655-8413
at () Daytime Telephone Number

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)

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

1190062774933

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAINSTORM CAPITAL 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 09/03/2019 and assigned Florida document number L19000216729

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)

[Handwritten address lines]

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

[Handwritten address lines]

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: MAURICIO J, NUNES

New Registered Office Address: 5252 NW 85TH AVE # 1911

Enter Florida street address

DORAL, Florida 33166

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.

[Handwritten signature]

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NUNES, MAURICIO J	5252 NW 85TH AVE # 1911	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H19 000 277 4933

