

L11000063974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

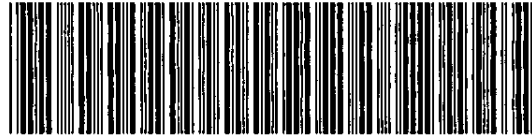
(Business Entity Name)

(Document Number)

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2013 SEP 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 13 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 408 Colee Hammock 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:

Bryan Grosman  
Name of Person

408 Colee Hammock LLC  
Firm/Company

1051 NW 3rd Street  
Address

Hallandale, FL 33009  
City/State and Zip Code

ev@brycorholdings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Grosman at (954) 458-2826  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

408 Colee Hammock, 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 6/1/11 and assigned  
Florida document number L11000063924

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)**

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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:

Bryan Grasman

New Registered Office Address:

1051 NW 3rd St.

Enter Florida street address

Hallandale, Florida 33009  
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.

Bryan Grasman  
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>
<del>MGRM</del>	Grosman, Cori	1051 NW 3 <sup>rd</sup> ST. Hallandale, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR <del>MGRM</del>	Grosman, Bryan	1051 NW 3 <sup>rd</sup> ST. Hallandale, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR <del>MGRM</del>	Grosman, Alan	1051 NW 3 <sup>rd</sup> ST. Hallandale, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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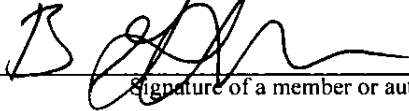
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Dated September 9, 2013



Signature of a member or authorized representative of a member

Bryan Grosman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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