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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

2017 JUN - 9 P t: 01

D. BRUCE JUN 12 2017

COVER LETTER

TO: Registration Division of C				
BRG INT	TERNATIONAL, LLC			
Subject.	Name of Limi	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	MATIAS ALEM			·
		Name of Person		
	BRG INTERNATIONAL,	LLC	,	
		Firm/Company		
	605 LINCOLN RD STE 30	02	,	
		Address		
	MIAMI BEACH, FL 3313	9		
•		City/State and Zip Code		
	accounts@beyondrealtygrou	•		
	E-mail address: (1	to be used for future annual report	notification)	
For further information	concerning this matter, please ca	all:		7
MATIAS ALEM		305 397-878	8	XIII SECR
Name	e of Person		ytime Telephone Number	JUN -9
Enclosed is a check for	the following amount:		<u>-</u>	س م م
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Čertified	é of Status &

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

BRG INTERNATIONAL, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on o ited Liability Company)	ur records.)
he Articles of Organization for this Limited Liability Comp	any were filed on 01/17/20	17 and assigned
lorida document number L11000020832		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	liability Company," the designa	tion "Ll.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	. Z
,		937
		HACK TO A
nter new mailing address, if applicable:		-A SSE SSE
Mailing address MAY BE A POST OFFICE BOX)	-	ш п н н н н н н н н н н н н н н н н н н
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		Dm O
. If amending the registered agent and/or registered	d office address on our	-
egistered agent and/or the new registered office address		,
Name of New Registered Agent:		
New Registered Office Address:		
The Winderstelled Office Address.	Enter Florida str	eet address
·		, 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

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>	Address	Type of Action
MGR	CHRISTINA WEST ALEM	605 LINCOLN RD STE 302	☐ Add
	·	MIAMI BEACH, FL 33139	□ Remove
			■ Change
			☐ Remove
			☐ Change
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Effective date, if other than the date of filing: $\frac{06/06/2}{1}$			_ (optional)		
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statute	ling or more than 90 o ory filing requirem	days after filing.) ents, this date v	Pursuant to vill not be	o 605.0207 (e listed as t
the record specifies a delayed effective date, but) The 90th day after the record is filed.	t not an effe	ctive time, at 1	.2:01 a.m. c	n the e	arlier of:
Dated JUNE 6TH 2017					
1.11	Z /	1			
Ma	/ 0	2			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00