	665950
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(City/State/Zip/Phone #)	08/23/19+-01021018 **315.00
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ Braman Imports, Inc.

DOCUMENT NUMBER: 665950

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Leibowitz

Name of Contact Person

Braman Management Association

Firm/ Company

2060 Biscayne Boulevard, 2nd Floor

Address

Miami, Florida 33137

City/ State and Zip Code

davidl@Bramanmanagement.com

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

For further information concerning this matter, please call:

 David Leibowitz
 at (305)
 576-1889

 Name of Contact Person
 Area Code & Daytime Telephone Number

enclosed)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

U\$43.75 Filing Fee &U\$43.75 Filing Fee &Certificate of StatusCertified Copy(Additional copy is

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

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665950			
(Documer	nt Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this <i>Florida Profit Cor</i>	poration adopts the following	amendment(s) to
A. If amending name, enter the new name of the corp	ooration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"Inc," or "Co". A profession	n "incorporated" or the abl nal corporation name must co	previation ontain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		
	·	·	
	<u>_</u>		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		. <u>.</u>	
D. If amending the registered agent and/or registered	t office address in Florida, en	ter the name of the	
new registered agent and/or the new registered of			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Co	nde)

New Registered Agent's Signature, if changing Registered Agent:

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Braman Imports, Inc.

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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<mark>،</mark> ۱

Please note the officer/director title by the first letter of the office title;

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. **Example:**

<u>X</u> Change	<u>PT</u> <u>Johr</u>	<u>n Doe</u>		
X Remove	<u>V Mik</u>	Mike Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address	
1) Change	<u>т</u>	Evan Samuel Bernstein	2060 Biscayne Boulevard	
Add			2nd Floor	
X Remove			Miami, Florida 33137	
2) Change	т	Richard Howard Kotzen	2060 Biscayne Boulevard	
XAdd			2nd Floor	
Remove			Miami, Florida 33137	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5/ Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

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E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: ______, if other than the date this document was signed.

08/19/2019 Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ______(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

> 08/22/2019 Dated

Simona	\sim
Signature _	

(By a director, president or other officer - it directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David Leibowitz

(Typed or printed name of person signing)

Secretary

(Title of person signing)