

L03000033827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

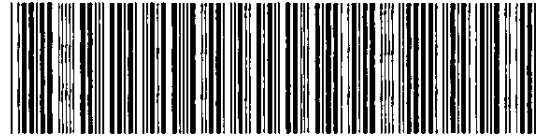
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 28, 2009

BR CONSULTING & ASSOCIATES, LLC
Florida document number L03000033827

I would like to request an update of my name-change with written request, from Rodriguez to Brendaly Rosemond. I am enclosing a copy of the marriage license, for your records.

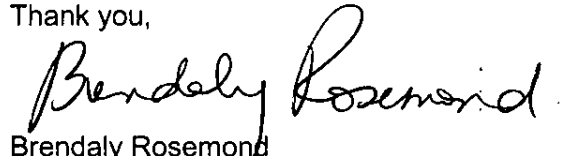
I also need to provide the principal office physical address change to:

190 NE 151st street
Miami, FL 33162

The mailing address will remain:

PO Box 611353
Miami, FL 33261

Thank you,



Brendaly Rosemond
CEL: 305-898-8003

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Official Record

Date: AUG 13 2009Rec#: 96967

STATE OF FLORIDA, COUNTY OF DADE

I HEREBY CERTIFY that the foregoing is a true and correct copy of the

Original on file in this office. AUG 13 2009 AD-20

HARVEY RUVIN, Clerk of Circuit and County Courts

Deputy Clerk Andrea Lee

2009-013353

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DAVID ANASTASIO ROSEMOND			2. DATE OF BIRTH (Month, Day, Year) [REDACTED]		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI	3b. COUNTY MIAMI-DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) [REDACTED]		
5a. BRIDE'S NAME (First, Middle, Last) BRENDA LY (NMN) RODRIGUEZ			5b. MAIDEN SURNAME (if different) [REDACTED]		
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI			7b. COUNTY MIAMI-DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) [REDACTED]

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO
LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

	9. SIGNATURE OF GROOM (Sign full name using black ink) [Signature]	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUL-24-2009
	11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) [Signature]
	13. SIGNATURE OF BRIDE (Sign full name using black ink) [Signature]	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUL-24-2009
	15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) [Signature]

LICENSE TO MARRY 000 53036

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE
STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE
EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18a. DATE LICENSE ISSUED [REDACTED]	18b. DATE LICENSE EFFECTIVE [REDACTED]	19. EXPIRATION DATE [REDACTED]
20. SIGNATURE OF COURT CLERK OR JUDGE [Signature]		20b. TITLE CLERK	20c. BY D.C. S/C

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF
FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) AUGUST 9, 2009	22. CITY, TOWN, OR LOCATION OF MARRIAGE MIAMI DADE COUNTY FLORIDA
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) [Signature]	
23b. ADDRESS (if person performing ceremony) [REDACTED]	
23c. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY DAVID ANASTASIO ROSEMOND COMMISSION # D0909270 EXPIRES: JULY 21, 2013 www.AARONNOTARY.com	
24. SIGNATURE OF WITNESS TO CEREMONY [Signature]	
25. SIGNATURE OF WITNESS TO CEREMONY [Signature]	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY NOT TO BE RECORDED

G R O O M	26. SOCIAL SECURITY NUMBER [REDACTED]	27. RACE BLACK	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c		
	29a. NO. OF THIS MARRIAGE 3	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	29c. DATE LAST MARRIAGE ENDED [REDACTED]			
B R I D E	30. SOCIAL SECURITY NUMBER [REDACTED]	31. RACE OTHER	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, 33c		
	33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	33c. DATE LAST MARRIAGE ENDED [REDACTED]			