

L030000 36427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

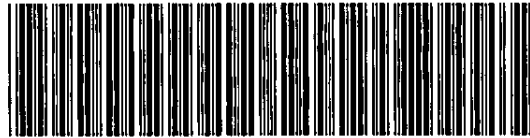
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100281630941

02/04/16--01004--013 \*\*25.00

FILED  
2016 FEB -4 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 05 2016  
J. HARRIS

To: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Byron B. Howell  
10332 Green Links Dr.  
Tampa, FL 33626

Date: February 2, 2016

Re: Articles of Amendment to Change Name of  
RMJP Hillsborough Square, LLC to Bremmi Hillsborough LLC

Dear Division of Corporations,

Please find enclosed our articles of amendment to change the name of RMJP Hillsborough Square, LLC to Bremmi Hillsborough LLC. If you need anything further please let me know at 813-205-6314 or [bbhowell@bbhowellpa.com](mailto:bbhowell@bbhowellpa.com).

Thank you in advance for your help,

Byron B. Howell

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RMJP HILLSBOROUGH SQUARE, 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 September 25, 2003 and assigned Florida document number L03000036427.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BREMMI HILLSBOROUGH LLC

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)**

TALLAHASSEE FLORIDA  
2010 FEB -4 PM 1:22

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2006 FEB 4 PM 1:22  
 SECURITY SERVICE  
 ALLAHAMSEE FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 2, 2016

Signature of a member or authorized representative of a member (Handwritten signature: Byron B. Howell)

Byron B. Howell, Authorized Representative of Member

Typed or printed name of signee

2016 FEB -4 PM 1:22
STATE OF FLORIDA
TALLAHASSEE