## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : 120110000091

Phone Fax Number

: (305)858-9900 : (305)285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Ciliait	Address:		_		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BRAND GROUP LLC

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		ND GROUP LLC		
SUBIEC	. 4 :	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		PATRICIA MENENDEZ		
			Name of Person	
		RICHARDS & ASSOCIA	TES, P.A.	
			Firm/Company	- · · · · · · · · · · · · · · · · · · ·
		2665 SOUTH BAYSHOR	E DRIVE, SUITE 703	
			Address	45 - 2 Ave.
		MIAMI, FL 33133		
			City/State and Zip Code	
		PMENENDEZ@RICHARI	DS-LAW COM to be used for future annual re	
For furthe	er information c	oncerning this matter, please c		рой киневиолу
	IA MENENDE			9900
		f Person	at ()	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION ALLAHASSEE, FLORIDA OF

THE BRAND GROUP LLC  (Name of the Limited Liability Co. (A Florida Lim	ompany as it now appears on ou	nr records.)
The Articles of Organization for this Limited Liability Comp Florida document number L04000041360		
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 contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:	2665 SOUTH BAYSH	IORE DRIVE
(Mailing uddress MAY BE A POST OFFICE BOX)	SUITE 703	
	MIAMI, FL 33133	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		records, enter the name of th
New Registered Office Address:		
TEN AUGISTONI CHINO, NUMBESS.	Enter Florida stre	et 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

3052850015

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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>	Name	Address	Type of Action
MGR	WILLIAM BRAND	701 BRICKELL KEY BLVD	
· · · · · ·		406	■ Remove
		MIAMI FL 33131	☐ Change
MCIR	ROSALBA YARURO	701 BRICKELL KEY BLVD	
		406	■ Remove
		MIAM1 FL 33131	☐ Change
			Add
		e de la contra dela contra de la contra dela contra de la contra dela contra de la contra dela contr	☐ Remove
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<del></del>			Add
			☐ Remove
			☐ Change

f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	- Stri
ff.a.o.	tive date, if other than the date of filing:(optional)
'an ei	Rective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocur	ment's effective date on the Department of State's records.
	and an efficient delicated effective data, but not an effective time, at 12:01 a.m. on the carlier of
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 20th day after the record is filed.
	U
atco	May 6 2015
	Twink O Likere
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00