L05000052227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cutlgem FEB 26 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bralesa Dominga, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brad Leroy Clorie
Name of Person

Bralesa Dominga, LLC
Firm/Company

3627 Northwoods Dr.
Address

Kissimmee, Florida 34746-2856
City/State and Zip Code

blclorie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Leroy Clorie at (407) 705-3185
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ■ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
2013 FEB 25 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bralesa Dominga, 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 05-25-2005 and assigned Florida document number L05000052227.

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 end with 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)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Member Name	First Regional Bank F/O/B Brad Leroy Clorie, IRA IRA Account Number 053255	15454 Southwest 41st Terrace Miaim, Florida 33185	☐ Add ☑ Remove
Member Name	Provent Trust F/O/B Brad Leroy Clorie, IRA IRA Account Number 120100094	3627 Northwoods Dr. Kissimmee, Florida 34746-2856	☑ Add ☐ Remove
Custodial Agent	First Regional Bank C/O Trust Administraion Services Corporation	5950 La Place Court, Suite. 160 Carlsbad, California 92008	☐ Add ☑ Remove
Custodial Agent Address	Provent Trust	8880 W. Sunset Rd. Suite 250 Las Vegas, NV. 89148	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated February 21 2013

Signature of a member or authorized representative of a member

Brad Leroy Clorie

Typed or printed name of signee

Filing Fee: $25.00

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