

LD5000117039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

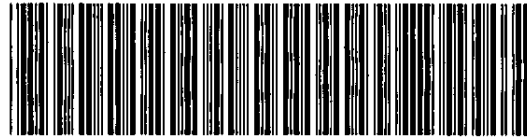
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

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JUN 16 2014

A. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

ROBSON ALVES
900 E. ATLANTIC BLVD, #18
POMPANO BEACH, FL 33060

SUBJECT: BRAS DRYCLEANER, LLC
Ref. Number: L05000117039

We have received your document for BRAS DRYCLEANER, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A00027674

2014 JUN 13 PM 4:22
DEPARTMENT OF STATE
REGISTRAR OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAS DAY CLEANER, 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:

ROBSON ALVES
Name of Person
BRAS DAY CLEANER, LLC
Firm/Company
900 E. ATLANTIC BLVD. #13
Address
POMPADOUR BEACH, FL 33060
City/State and Zip Code
ROBSON ALVES DELMARCA
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBSON ALVES at 305.608.0519
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

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2014 JUN 13 PM 4:22
TALLAHASSEE, FL 32301

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

SAME: BRAS DRY CLEANER, 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 DEC / 2005 and assigned
Florida document number 203991919.

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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

Pan-Ram Beauty

Florida

33060

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

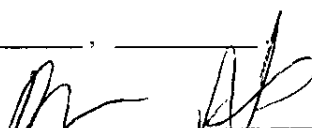
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>owner</u>	<u>Robson ALVES</u>	<u>6534 NW 45 WAY</u>	<input checked="" type="checkbox"/> Add
		<u>COCONUT CREEK, FL 33060</u>	<input type="checkbox"/> Remove
<u>owner</u>	<u>MARILDA ALVES</u>	<u>6534 NW 45 WAY</u>	<input checked="" type="checkbox"/> Add
		<u>COCONUT CREEK, FL 33060</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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JANESSE M. ORR

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

MA

Dated _____


Signature of a member or authorized representative of a member

Robson Alves
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA