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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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Office Use Only



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NOV 16 2016 S. YOUNG FALLAHASSEE, FLORIDA

To:

COVER LETTER

Registration Section
Division of Corporations

| SUBJECT: B | 23 LLC Name of Limi | ted Liability Company | | |
|------------------------------|--|---|---|--------------------|
| | | | | |
| The enclosed Articles of Ar | mendment and fee(s) are subr | mitted for filing. | | |
| Please return all correspond | ence concerning this matter t | to the following: | | |
| | ROBER | Name of Person | | |
| | CHECKI | GST NORTH Firm/Company | | |
| | 5944 NO | W 53 PM ANOR | | TO NOV |
| | CORM SA | Pin (65, FL 330) City/State and Zip Code | 167 | 16 NOV 15 PH 4: 24 |
| | RCPURSO E-mail address: (t | o be used for future annual report notific | cation) | 4.24 |
| For further information con- | cerning this matter, please ca | ll: | | |
| ROBERT A | <u>Calum</u> erson | | -0480 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 Fe Certificate of St Certified Copy (additional copy is | atus & |

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

| (Name of the Limited | Liability Company Florida Limited Lia | y as it now appears on ou ability Company) | r records.) | |
|---|--|---|-----------------------|----------------------|
| The Articles of Organization for this Limited Lial | | vere filed on _ JUNI | 5 20, 200 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of t | <u>he limited liabili</u> | ty company here: | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability | y Company," the designati | on "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applical | ole: | 12300 AU | ERNATE A | 41A |
| (Principal office address MUST BE A STREET | ADDRESS) | PALM BEAC | h Gurpenz | 5, FL 33410 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>0X)</u> | 5944 NW CORM SI | | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | | | records, <u>enter</u> | the name of the ner |
| Name of New Registered Agent: | Roben | r Charles | Pordon | Jr. |
| New Registered Office Address: | 13300 | Enter Florida stre | A1A et address | |
| | Parm Be | ACH GANDENS | , Florida | 33067 Zip Code |
| Nove Dogistanod Agentis Signature if the price De | | | | • |

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> | Address | Type of Action |
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Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

BRJ LLC

Filing Information

L06000110992

FEI/EIN Number

20-5893966

Date Filed

11/15/2006

Effective Date

11/13/2006

State

FL

Status

ACTIVE

Last Event

CANCEL ADM DISS/REV

Event Date Filed

10/30/2008

Event Effective Date

NONE

Principal Address

11858 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410

Changed: 10/07/2010

11858 VALENCIA GARDENS AVE. PALM BEACH GARDENS, FL 33410

Changed: 10/07/2010

Registered Agent Name & Address

PURDUM, Robert

11858 VALENCIA GARDENS AVE PALM BEACH GARDENS, FL 33410

Name Changed: 03/08/2016

Address Changed: 04/19/2011

Authorized Person(s) Detail

Name & Address

Title President

PURDUM, ROBERT CJR.

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11858 VALENCIA GARDENS PALM BEACH GARDENS, FL 33410

Annual Reports

| Report Year | Filed Date |
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| 2015 | 02/23/2015 |
| 2016 | 03/08/2016 |

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