

L070000000066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

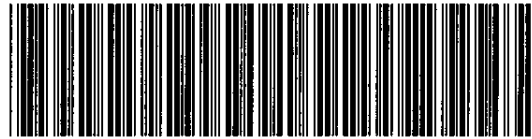
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100108096701

08/17/07--01024--011 \*\*50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 17 AM 11:55

JB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRAINS 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:

**INIGO DE PABLO**

(Name of Person)

**BRAINS LLC**

(Firm/Company)

**PO BOX 683005**

(Address)

**HOUSTON, TX 77268**

(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 17 AM 11:55

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**BRAINS LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 01/02/2007 and assigned document number L07000000066.

**SECOND:** This amendment is submitted to amend the following:

**(1) NEW PRINCIPAL AND MAILING ADDRESS:**

2655 LEJEUNE RD, SUITE 500, CORAL GABLES, FL 33143

**(2) NEW MANAGER/MEMBER DETAIL:**


**a) INIGO DE PABLO - MGRM**

2655 LEJEUNE RD, SUITE 500, CORAL GABLES, FL 33134

**b) AGUSTIN DE PABLO - DELETED**

N/A

Dated AUGUST 13, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**INIGO DE PABLO**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 17 AM 11:55