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C. LEWIS MAR 4 2011 **EXAMINER**

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SUBJI	ECT:	Kubota	Holdings, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	oondence concerning this matte	r to the following:			
			David Lamont			
			Name of Person			
		Т	he Lamont Law Office			
			Firm/Company			
			Post Office Box 6026			
			Address			
		(Clearwater, FL 33758			
			City/State and Zip Code			
	susan.vaughan@lamontlawgroup.com E-mail address: (to be used for future annual report notification)					
_				tion)		
For fur	ther information	concerning this matter, please	call;			
	·	avid Lamont	at (25-8393		
	Name	of Person	Area Code & Daytime T	`elephone Number		
Enclose	ed 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

2011 MAR -3 AM ID: 09

<u>_</u>	Kubota Holdings, LLC	JALLAH TALLAH	TARY OF STATE. ASSEET FLORID'A
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	AULIO L'UNIUA
The Articles of Organization for this Limited Lia	bility Company were filed on	10/4/07	and assigned
Florida document numberL070001013	301		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :	
	BRTR Holdings, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	·· ··		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
			
New Registered Office Address:	Er	nter Florida street ad	dress
		, 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u>Title</u>	<u>Name</u>	Address	Type of Action
Dated March 2 Remort Add Add Remort Add Remort Add Add				
Dated March 2 201				Domaria
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remov Add Remov Attach additional sheets, if necessary.) Add Remov Add Remov Attach additional sheets, if necessary.) Add Remov Add Remov Attach additional sheets, if necessary.) Add Remov Attach additional sheets, if necessary.)				D Ramaya
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remov				T D amous
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ALLARY SEE THORITIES AND OF Dated March 2				Add Remove
Dated March 2 2011 March 2 2011 March 2 2011				
Dated March 2 2017 STATE FLORIDA	D. If amen	ding any other information, enter	change(s) here: (Attach additional shee	ts, if necessary.)
Dated March 2 2011 CORIDS TAILE 09				55 5
Signature of a member or authorized representative of a member	 Dated	March 2	2011	Fr.S.
David Lamont		Signature of a r		mber

Page 2 of 2

Filing Fee: \$25.00