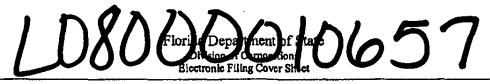
https://efile.sunbiz.org/scripts/efilcovr.exe



Notes Picase print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bonom of all pages of the document.

(((H16000260019 3)))



Note: DO NOT his the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

Account Name

t GROFFREY M. WAYNE, P.A. t 076770003401 t (305)381-8108 t (305)381-8109 Fax Humber

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

#mail Address:__gn@ahogadomiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRANDS MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DIVISION OF CORPORATIONS 16 OCT 20 AM 10: 49

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS OCT 1 2016

m.i

COVER LETTER

	tration Section of Corpor			•	
	BRANDS MA	ANAGEMENT LLC			
SUBJECT: _	SUBJECT: Name of Limited Liability Company				
The enclosed A	articles of Am	nendment and fee(s) are subm	nitted for filing.		
		ence concerning this matter t	•		
•		Alexis Koratich			
			Name of Person		
		Geoffrey M. Wayne, P.A.			
			Firm/Company		
		135 San Lorenzo Ave., PH	840		
			Address		
		Coral Gabies, FL 33146			
			City/State and Zip Code		
		gn@abogadomiami.com	o be used for fliture annual report no	i fination \	
For further info	ormation con	e-man address. (c	•	meanery	
Alexis Koratic	h		305 381-8108		
	Name of Po	ETEON		ne Telephone Number	
Enclosed is a c	heck for the i	fo)lowing amount:			
₩ \$25.00 Fili	in g Fee	S30,00 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 $\epsilon \lambda .$

100

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANDS MANAGEMENT LLC		
(Name of the Limited Liabi	lity Company as it now appears on our records Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L08000010657	Company were filed on 01/30/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	16 00 T
·		<u></u>
		C) N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		AHIO C
		•61
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our record dress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sirees addr	411
		Morida
	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 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
P	Geoffrey M. Wayne, Esq.	135 San Lorenzo Ave., PH 840	
	· —	Coral Gables, FL 33146	■ Remove
			Change
P	Reinaldo Francisco Gil	135 San Lorenzo Ave., PH 840	■ Add
		Coral Gables, FL 33146	□ Remove
			Change
			Remove
			OF OF
			OF AND OFFICE OFFICE OF AND OFFICE OF AND OFFICE OF AND OFFICE OFFICE OFFICE OF AND OFFICE OF
			6 GROT 20 AH GO LANGE CHANGE C
		- · · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
			Remove
			Change

•					
· · · · · · · · · · · · · · · · · · ·					
				16 OCT	energy.
		.a-7%			
				` '	Ţ
				AH 19: 4-9	
			·····		
		·			
Effective date, if other than the d if an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the i	pplicable statutory	(op or more than 90 days aft filing requirements, th	tional) er filing.) Pursuant to 605.0 nis date will not be listed	207 (3) as the
ne record specifies a delayed The 90th day after the recor	effective date, bu d is filed.	it not an effect	ive time, at 12:01	a:m. on the earlier	rof:
Dated October 20	2016	· ·			
<i>f F</i>	1	121	12	1	
Scother	M. Way	- Clutte	tative of a member	un Talive	

Page 3 of 3

Filing Fee: \$25.00