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D. BRUCE

SEP 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brazilian Branze 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:	
rease retain an correspondence concerning and matter to the following.	
PATrick Coldianui Name of Person	
Brazilian Bronze LLC. Firm/Company	
Firm/Company	
P.O. BOX 832098 Address	_ Zo o
Address	eca LA
DEIRAY BEACH FL 33483 City/State and Zip Code	HASS
City/State and Zip Code PATE BRAZILIAN BROWZEUS A. COM E-mail address: (to be used for future annual report notification)	FILED 09 SEP 16 PH 1: 39 SECRETARY OF STATE FLORIDA
	H: 39
For further information concerning this matter, please call:	A
PATRICK COLAIANNI at (561) 266, 9005 Name of Person Area Code & Daytime Telephone Nu	 mber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & tified Copy litional 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

BraziliAN	Bronze, LLC					
(Name of the Limited I	iability Company Plorida Limited Lia	y as it now appears on ability Company)	n our records.)			
The Articles of Organization for this Limited Lia	bility Company v	vere filed on	106/2008	and assigned		
Florida document number <u>L 080000 9483</u>						
This amendment is submitted to amend the follow	wing:			,		
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company	," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:	1555 SOUY	4 FEDERAL	HIGHWAY		
(Principal office address MUST BE A STREET	ADDRESS)	<u>Unit 102</u>		,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or	registered offi	ce address on ou		PILED 09 SEP 16 PH 1: ECRE ARY OF ST		
registered agent and/or the new registered off	ce address here:	:		5 6		
Name of New Registered Agent:	PATrice	K COLATANU	<i>'</i>			
New Registered Office Address:	SS: PATRICK COLAIANNI SS: 1555 SOUTH FEDERAL HIGHWAY UNIF 102 Enter Florida street address DENAY BEACH, Florida 33483 City Zip Code					
	DELRAY	BEACH	. Florida	3348 3		
		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 **Title Name Address Type of Action** PATRICK COLAIANNI 4) eise Steve MGR ☐ Add `I Remove 1000 N.W. 76 HAVE Plantation FL 33322 ___ Add___ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Registered Agent Name + Address; Welse, Steve 1000 N.W. 76 ANE SE Plantation, FL. 33322 (LemovE) Principal Address: 1000 N.W. 76 2 Plantation FL 33322 #6 September 14, 2009. Signature of a member or authorized representative of a member ATrick ColAiANNI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00