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SECRETARY OF STATE
ANA SSEF. FLORIDA

M. THOMAS

MAY 11 2009

EXAMINER

## **COVER LETTER**

Division of Co			
SUBJECT: BRUSA	ANTI, LLC		
	(Name of Lim	ited Liability Company)	
	f Amendment and fee(s) are sub ondence concerning this matter	-	
	ALEXANDRA C. CASTA	NO	
		(Name of Person)	<del></del>
	ACC CONSULTING SEI	RVICES	یے
		(Firm/Company)	起量力
	3460 WEST 84 STREET # 104		
		(Address)	STAN OF THE
	MIAMI, FLORIDA 33018		
		(City/State and Zip Code)	THE TARY OF STATE
For further information	concerning this matter, please c	all:	~,
ALEXANDRA CASTA	NO	at ( 786 ) 287-6626	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	23\$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)
МАП	INC ADDDFSS	CADE EA/CVIDING	ADDDESS.

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  BRUSATIN, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  SUITE 104  MIAMI, FLORIDA 33018  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  (Enter Florida street address)  Florida  Florida	BRUSANTI, LLC		
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Name of New Registered Agent:  New Registered Office Address:  (Enter Florida street address)  Florida		MIAMI, FLORIDA 33018	
	registered agent and/or the new registered office address he  Name of New Registered Agent:	r <b>e:</b> (Enter Florida street	address)
	The state of the s	, Florida (Citv)	(Zin 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ESTEFANIA BRUSANTI	11250 SW 73 COURT MIAMI, FLORIDA 33156	Add Remove
MGR	ESTEFANIA BRUSATIN	11250 SW 73 COURT MIAMI. FLORIDA 33156	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
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· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amendin	g any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
***************************************			
Dated APRIL 2	ESREANIA	Brusatin	, :
-91-41	Signature of a men	nber or authorized representative of a member	· · · · · · · · ·
	ESTEFANIA BRUSA	TIN ned or printed name of signes	

Page 2 of 2

Filing Fee: \$25.00