L09000033966

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2009 MAY 21 PM 2: 42 SECRETARY OF STATE

C. LEWIS

MAY 2 2 2009

EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE	СТ:	BRAZZAR	LLC ted Liability Company)		
		(Name of Limi	ted Liability Company)		
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter to the following:					
		COREY	JESTER (Name of Person)		
		BRAZZA	(Name of Person) R LLC (Firm/Company)		
		7735 NW.	4th Court (Address)		
		MIAMI,	FC. 33/50 (City/State and Zip Code)		
For further information concerning this matter, please call:					
	COREY (Name of	JESTER Person)	at (305) 6/0-559 (Area Code & Daytime To	elephone Number)	
Enclose	d is a check for the	following amount:			
2 \$25.0	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



May 6, 2009

COREY JESTER BRAZZAR, LLC 7735 NW 4TH COURT MIAMI, FL 33150

SUBJECT: BRAZZAR, LLC Ref. Number: L09000033966

We have received your document for BRAZZAR, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 509A00015407

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 MAY 21 PM 2: 42

SECRETARY OF STATE
TALLAHASSEE, FLORID

BP12312 110	TALLAHASSEET
Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
(A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were fi	led on APRTL 08,2009 and assigned
Florida document number <u>L09000033966</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and end with the words "Limited Liab" L.L.C."	oility Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
·	N
	A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	/
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	- N
New Registered Office Address:	119
	(Enter Florida street address)
	, 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

MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** GARRETT WILLTAMS 1800 ☐ Add Remove PRESTUENT GARRETT LEE Add Remove r Add Remove □ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 APRIL 30 Signature of a member of authorized representative of a member JESTER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00