## L09000001174

. •

(Re	equestor's Name)	
(Ad	ldress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
<u></u>	₩AIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	<u>.</u>

Office Use Only



800253145788

800253145788 10/28/13--01028--023 \*\*30.00

2013 NOV - 7 PH 3: 49

B. BOSTICK

NOV - 8 2013

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor		
BRA\	VY, L.L.C.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Maher Malak	
	Name of Person	
	G&D Accounting and Taxes Services	
	Firm/Company	
	2033 SW 173rd Ave.	
	Address	
	Miramar, FL 33029	
	City/State and Zip Code	ZAB NOV - 7
	maher_malak@homtial.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Maher Mala	ak  Terson  at (305) 502-8281  Area Code & Daytime Telephone Number	263 NOV -7 PK 3: 49  ALLANGSSC
Name o	f Person Area Code & Daytime Telephone Number	<u></u>
Enclosed is a check for the	ne following amount:	
□ \$25,00 Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Certificate of Status Certified Copy Certificate	ig Fee, of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAWY, L.L.C.			•
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears on our records liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Life Florida document number LO9000057174	ability Company	were filed on06/11/2009	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end wit	h the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbreviatio
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	*****	
Enter new mailing address, if applicable:			100 -7 100 -7
(Mailing address MAY BE A POST OFFICE	BOX)	10744 SW 88 STREET	- <del> </del>
		MIAMI,FL 33176	(a)
B. If amending the registered agent and/or the new registered of			nter the name of the nev
Name of New Registered Agent:	NABIL ABE	EL SHAHID	
New Registered Office Address:	10744 SW	88 STREET	
<del>-</del>		Enter Florida stree	
	MIAMI	, Floric	<sub>la</sub> 33176
		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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ASHRAF YOUSSEF	600 NE 36TH STREET	Add
		MIAMI, FL 33137	Remove
MGRM	AMAL M ESTAWROUS	10744 SW 88 STREET	Add
		MIAMI FL 33176	Remove
<del></del>	·		Add
			Remove
		:	Add  Placemove
			Add
			Remove
			Add
			Remove

amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
<del></del>	
	Notal
	Signature of a member or authorized representative of a member
	NABIL ABD EL SHAHID
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV -7 PK 3: 49



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2013

MAHER MALAK G&D ACCOUNTING AND TAXES SERVICES 2033 SW 173RD AVENUE MIRAMAR, FL 33029

SUBJECT: BRAWY, L.L.C. Ref. Number: L09000057174

2013 NOV + CONTROL OF CONTROL OF

We have received your document for BRAWY, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00025246