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D. BRUCE

NOV 1 2010

EXAMINER

COVER LETTER

† TO: Registration Section
Division of Corporations

SUBJECT:	BRT M	arketing, LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Kaari Gagnon, Esq.				
		Name of Person				
Zarco Einhorn Salkowski & I			ito, P.A.			
		Firm/Company				
100 S.E. 2nd Street, Suite 2700			2700			
		Address				
		Miami, FL 33131				•
		City/State and Zip Code			0	
	Kga F-mail address: (1	agnon@zarcolaw.cor to be used for future annual rep	nort notification)		0 OCT 29 PM 醫	š
		•	on notification)	(38) (38)	29	
For further information	concerning this matter, please of	eall:		E OF		П
К	aari Gagnon	at (305)	374-5418	ST.		
	of Person		Daytime Telephone Number	TIDA DA	8	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is a	\$60.00 Filis Certificat enclosed) Certified (additions	e of Statu: Copy		sed)

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

BR`	Γ Marketing, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity <u>Company as it now appea</u> a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	July 13, 2009	and assigned
Florida document numberL0900067551			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	ORESS)		<u> </u>
			2 8 Tn
			29
Enter new mailing address, if applicable:		;	T TVT
(Mailing address MAY BE A POST OFFICE BOX)			F S B D
			F S B C
	<u> </u>		
B. If amending the registered agent and/or reg		our records, enter t	he name of the nev
registered agent and/or the new registered office ac	<u>idress here</u> :		
Name of New Registered Agent:			
Now Projectored Office Address.			
New Registered Office Address:	E	nter Florida street addi	ress
		, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Richard Sklar	1766 Bay Road Miami, FL 33131	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ento	er change(s) here: (Attach additional sheets, if neces	TO OCT 29 PH B 18
Dated		Haman	
	Signature of	a member or authorized representative of a member Tony Hannan Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00