Florida Department of State Mivision of Corposations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : 120120000072

Phone : (3)

: (305)895-5815

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Addr	ess	:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRUMA DEVELOPMENT LLC

Certificate of Status	60	0	
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Estimated Charge		\$25.00	

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUMA DEVELOPMENT LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L09000114990		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	1. O	abbasedation (I I C P
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the designation LLC of the	andieviadon E.D.C.
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		A
Enter new mailing address, if applicable:		9 5 -
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	₩ <u></u>	
B. If amending the registered agent and/or registered of	flice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here		
		,
Name of New Registered Agent:		
1,4110 01 11011 2,000 000 1.1500		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<u></u>	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 605, 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

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ş. :

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> BRUNA GERARDO PALLARO MGR _□ Add Remove Change 2136 NE 123RD ST, N MIAMI, FI MGR VERONICA CELIA VALBONESI _□ Add □ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change _□ Remov □ **GR**ange D Add □ Remove

VERONICA CELIA VALBONEI

Typed or printed name of signee

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Filing Fee: \$25.00