

L10000004140

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRUNO LEON LLC

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JUL 25 2017

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRUNO LEON LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/12/2010 and assigned  
Florida document number L10000004140

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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:

Karina Langone

New Registered Office Address:

6350 NW 95 LANE

Enter Florida street address

PARKLAND

City

Florida

33076

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

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|------------------|-------------------|--|
| MGRM         | LEONARDO LANGONE | 6350 NW 95 LANE   | <input type="checkbox"/> Add               |
|              |                  | PARKLAND FL 33076 | <input checked="" type="checkbox"/> Remove |
|              |                  |                   | <input type="checkbox"/> Change            |
| MGRM         | KARINA LANGONE   | 6350 NW 95 LANE   | <input checked="" type="checkbox"/> Add    |
|              |                  | PARKLAND FL 33076 | <input type="checkbox"/> Remove            |
|              |                  |                   | <input type="checkbox"/> Change            |
|              |                  |                   | <input type="checkbox"/> Add               |
|              |                  |                   | <input type="checkbox"/> Remove            |
|              |                  |                   | <input type="checkbox"/> Change            |
|              |                  |                   | <input type="checkbox"/> Add               |
|              |                  |                   | <input type="checkbox"/> Remove            |
|              |                  |                   | <input type="checkbox"/> Change            |
|              |                  |                   | <input type="checkbox"/> Add               |
|              |                  |                   | <input type="checkbox"/> Remove            |
|              |                  |                   | <input type="checkbox"/> Change            |

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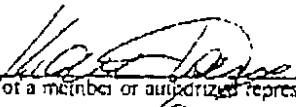
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
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(b) The 90th day after the record is filed.

Dated July - 20 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member:

KARINA LANGONE  
\_\_\_\_\_  
Typed or printed name of signer