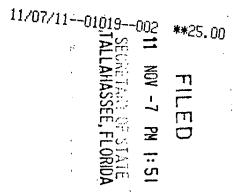
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Brukell Bay Proporties Horag Grant, LLC Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Jose A. Viz Rarrocko Name of Person							
·							
Firm/Company							
9831 NW 58Th St St. 122							
9831 NW S&Th St Ste 132							
City/State and Zip Code Jose Daugnoup nus Com E-mail address: (to be used for future annual report notification)							
City/State and Zip Code							
B-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
,							
Name of Person at (305) 244 - 8860 Area Code & Daytime Telephone Number							
Name of Feisin							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)							
MAILING ADDRESS: STREET/COURIER ADDRESS:							

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 NOV -7 PM 1:51

Bruskell Bay Propulsied Monag TALLASSELF CORIDA (Name of the Limited Liability Company) as it now appears on our records.) (A Florida Limited Liability Company)							
(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 Liab Florida document number	oility Company			_ and assigned			
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," th	ne designation "LLC	" or the abbreviation			
Enter new principal offices address, if applicab	ole:	5767 NU	N 115Th	<u>ct </u>			
(Principal office address MUST BE A STREET	ADDRESS)	#107 Dora L T	-63317	8			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>						
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:	Jose	A. Viz car JW 58 Th SI	rmold				
New Registered Office Address:	98311						
	A oray	_	orida street addres. , Florida32	2			
		City	•	ыр Соик			

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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
····			Add Remove		
D. If amend	ding any other information, enter change((s) here: (Attach additional sheets, if necessary)	FILED 11 NOV -7 PM 1:51 SECKELLARS OF TRAIL		
Dated	•	·			
	Signature of a member o	r authorized representative of a member			
	Typed or	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00