L10000086878

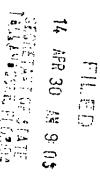
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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M. MILLIGAN EXAMINER

MAY 21 2014

COVER LETTER

TO:

Registration Section Division of Corporations

etio iecer

BRUNI, 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:

TAMMY PEREZ

Name of Person

BRUNI, LLC

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY PEREZ

,305,989-8776

Name of Person

Area Code & Daytime Telephone Number

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 enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

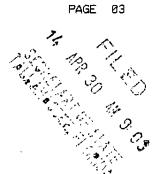
MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION OF



BRUNI, 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 Liab Florida document number L10000086878	ility Company v	vere filed on <u>08/18/20</u>	010 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liabil	ity company here:	
The new name must be distinguishable and end with t	he words "Limite	d Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		16699 COLLINS AVE #602	
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES, FL 33160	
Enter new mailing address, if applicable:		16699 COLLINS	AVE # 602
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES, FL 33160	
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the name of the new
Name of New Registered Agent:	BETSY REYNALDO		
New Registered Office Address:	16699 COLLINS AVE # 602		
:	Enter Florida street address		
	SUNNY ISL	ES	, Florida <u>33160</u>
		City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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. 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Address <u>Title</u> <u>Name</u> 16699 COLLINS AVE **BETSY REYNALDO** MGR #602 Remove SUNNY ISLES, FL 33160 7005 W 17TH CT MGR DAAN PARTNERS, LIMITED HIALEAH, FL 33014 Remove Remove Remove Remove Remove

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	:		
	<u> </u>		
Dated APRIL	25	2014	
·	Betry	Bey miles Co.	
BE	ETSY REYN	ignature of a member or authorized representative	of a member
		Tuned or printed name of signes	

d or printed name of sig

Page 3 of 3

Filing Fee: \$25.00