

L10000086878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 APR 30 AM 9:05
STATE OF FLORIDA
TALLAHASSEE, FL 32301

M. MILLIGAN
EXAMINER

MAY 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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

Name of Person

at **(305) 989-8776**

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
TO
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 Liability Company were filed on 08/18/2010 and assigned
Florida document number L10000086878

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 end with 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)

16699 COLLINS AVE #602

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16699 COLLINS AVE # 602

SUNNY ISLES, FL 33160

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:

BETSY REYNALDO

New Registered Office Address:

16699 COLLINS AVE # 602

Enter Florida street address

SUNNY ISLES

City

Florida 33160

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.

Betsy Reynaldo
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>	<u>Type of Action</u>
MGR	BETSY REYNALDO	16699 COLLINS AVE	<input checked="" type="checkbox"/> Add
		#602	<input type="checkbox"/> Remove
		SUNNY ISLES, FL 33160	
MGR	DAAN PARTNERS, LIMITED	7005 W 17TH CT	<input type="checkbox"/> Add
		HIALEAH, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE EIN TO 27-3286593

Dated **APRIL 25**, **2014**

Betsy Reynaldo

Signature of a member or authorized representative of a member

BETSY REYNALDO

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
14 APR 30 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA