# L1000087719

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SESSETARY OF STATE
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# **COVER LETTER**

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elibre ca	BR Capital		·	. 2	<b>*</b>	•			
Name of Limited Liability Company									
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please retu	ırn all correspo	ondence concerning this matter	to the following:						
		Renee Galizio							
			Name of Person		<del></del>				
		BR Capital, LLC							
		·	Firm/Company		<del></del>				
		125 S. State Rd. 7, Suite 1	04-268						
		1 11 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address	·	<del></del>				
		Wellington, FL 33414							
		gwlambro@yahoo.com	City/State and Zip Code		2016 MAR 23	-11			
		E-mail address: (	to be used for future annual report not	ification)	A A	(*******			
For further	r information c	oncerning this matter, please c	all:		SEE G	r rr			
George La	ambro		561 9061811 at ( )		T F	C			
	Name o	f Person		ne Telephone N					
Enclosed i	s a check for the	he following amount:							
\$25.00	) Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Сег Сег	00 Filing Fee, rtificate of Status of tified Copy litional copy is enclose				
	мап	ING ADDRESS:	STREET/COUR	IER ADDRE	\$\$·				

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

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

BR Capital, 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 and assigned L10000087719 Florida document number 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: New Registered Office Address: Enter Florida street address Florida:

### 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

## or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jason Pollack	125 S. State Rd. 7	<b>≅</b> Add
		Suite 104-268	□ Remove
		Wellington, FL 33414	B remove
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March 21, 2016	
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Signature of a stember or authorized representative of a member	
Rence Galizio	

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Filing Fee: \$25.00