## #110000098974

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special instructions to Filing Officer: |
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K. SALY EXAMINER MAR 9 2011

## **COVER LETTER**

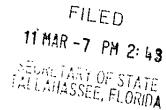
| TO: Registration Sec<br>Division of Corp | orations                                   |  |   |
|--|--|--|---|
| SUBJECT:                                 | RQUE BRI<br>Name of Limi                   | AVO LLC ited Liability Company   |   |
| The enclosed Articles of A               | mendment and fee(s) are sub                | omitted for filing.  |   |
| Please return all correspond             | dence concerning this matter               | to the following:  |   |
|  | ANDREI                                     | ROUBLEV  |   |
|  |  | Name of Person   |   |
|  |  | Firm/Company   |   |
|  | 1420 GEI                                   | uini BIVD #  | 8   |
|  |  | Address  |   |
|  | DRINNGO                                    | FL 32837   |   |
|  | iNFO Q C                                   | Address  FL 32837  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code |   |
|  | E-man address: (t                          | to be used for future annual report notifica   | tion)   |
| For further information cor              | cerning this matter, please c              | all:   |   |
| ANDREI                                   | ROUBLEV                                    | , at (407 ) 454 - 26  Area Code & Daytime T  | 548   |
| Name of F                                | 'erson                                     | Area Code & Daytime T  | 'elephone Number  |
| Enclosed is a check for the              | following amount:                          |  |   |
| <b>☑</b> \$25.00 Filing Fee              | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                            | \$60.00 Filing Fec,<br>Certificate of Status &<br>Certified Copy<br>(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



| Cippue  | BRAVO LLC.  | TALLAHASSEE, FLORIDA                    |
|---|---|---|
| (Name of the Limited Liabi  | lity Company as it now appears on or<br>la Limited Liability Company) | ur records.)                            |
| The Articles of Organization for this Limited Liability Florida document number <u>L100098974</u>     | y Company were filed on   | <b>99-10</b> and assigned               |
| This amendment is submitted to amend the following  | :   |   |
| A. If amending name, enter the new name of the l  | imited liability company here:  |   |
| The new name must be distinguishable and end with the "L.L.C."  | words "Limited Liability Company," th                                 | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET AD   | DRESS)  |   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)               |   |   |
| B. If amending the registered agent and/or req<br>registered agent and/or the new registered office a | •   | cords, <u>enter the name of the new</u> |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  | Enter Flo   | rida street address                     |
|   |   | , Florida                               |
|   | City  | , Florida<br>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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

|                  | anaging Member                          |  |                 |
|------------------|---|--|-----------------|
| <u>Title</u>     | <u>Name</u>                             | Address  | Type of Action  |
| MGR              | NEW IMAGE LINE INC                      | 11134 ESSEX Ridge CT. ORLANDO FL 2837  | Add .  Remove   |
| <u>MGR</u>       | ANDREI ROUBLEY                          | 11134 ESSEX RINGE CT. ORLANDO FL 32837   | Add Remove      |
|                  |   |  | Add<br>Remove   |
|                  |   |  | Add<br>Remove   |
|                  | <u></u>                                 |  | Add<br>Remove   |
|                  |   |  | Add<br>Remove   |
| D. If amendi<br> | ng any other information, enter change( | s) here: (Attach additional sheets, if necessary.)                             | _ <del>_</del>  |
|                  |   |  | <del>_</del>    |
|                  |   |  | <del></del><br> |
| Dated            | 03-03-11<br>Jely                        |  |                 |
| -                | An                                      | rauthorized representative of a member  WRE 1 ROUBLE V  printed name of signee |                 |

Page 2 of 2

Filing Fee: \$25.00