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T. HAMPTON

APR - 5 2011

EXAMINEP

## **COVER LETTER**

SUBJECT: Le Brazees, 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:  David R. Young Name of Person  Le Brazees, LUC Firm/Company  1063 Vintrer Blvd Address  Palm Beach Gardens Florida 33410  City/State and Zip Code  dyounge lebrazees. com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marta Silvestre Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:	TO:	Registration Section Division of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  David R. Young Name of Person  Le Brazces, Luc Firm/Company  1063 Vintrer Blvd Address  Palm Beach Gardens Florida 33410  City/State and Zip Code  dyoung@lebrazees.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marka Silvestre  Name of Person  Area Code & Daytime Telephone Number	SUBJE	ct: Le Brazees, LLC
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Le Brazces, LLC Firm/Company  1063 Vintrer Blvd Address  Palm Beach Gardens Florida 33410 City/State and Zip Code		David R. Young
For further information concerning this matter, please call:  Marta Silvestre  at (561) 776 7599  Name of Person  Area Code & Daytime Telephone Number		Le Brazces, LLC Firm/Company
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Name of Person Area Code & Daytime Telephone Number	For furt	her information concerning this matter, please call:
Enclosed is a check for the following amount:	<u> </u>	Name of Person at (561) 776 7599  Area Code & Daytime Telephone Number
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy}\$\$\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	. ,	00 Filing Fee \$\ \text{Certificate of Status} \text{\$\sum_{\text{S55.00}} \text{Filing Fee & \text{\$\text{Certificate of Status}}} \text{\$\text{\$\text{Certificate of Status}}} \text{\$\text{\$\text{\$\text{Certificate of Status}}}} \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te

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 SECRETARY OF STATE ARTICLES OF ORGANIZATIONIVISION OF CORPORATIONS

**OF** 

11 APR -1. PM 9: 06

		II WILL - A CIL 2- O.
Name of the Limited Liability Com	C	·
Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1000017518</u> .		4
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company he	ere:
The new name must be distinguishable and end with the words "Li".L.L.C."	imited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Er	nter Florida street address
		, Florida
	City	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 MGRM = Managing Member							
<u>Title</u>	Name	Address	Type of Action				
MGRM Eugenia Silvestre 1063 Vintner Blud Palm Beach Gardens, Fl 33410							
<u>14RM</u>	Marta Silvestre	1063 Vintner Blud Palm Beach Gardens, Fl 33410	Add )				
MGRN	1 David R. Young	1063 Vintner Blud Palm Beach Gardens, Fl 33410	Add Remove				
MGR	David R. Young	1063 Vintner Blvd Palm Beach Gudens, Fl 33410	_ <b>X</b> Add Remove				
Mami	2 Frank Weed	1063 Vintner Blud Palm Beach Gardens, Fl 33410	Add Remove				
<b>19</b> 68	Frank Weed	1063 Vintner Blvd Palm Beach Gardens, H. 33410	Add Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)							
	SECT VISIO						
	Marta Silvestre	8 <b>6</b> °/₀	NET P				
	Eugenia Silvestre Ann Weed	10%	RY OF CORPC				
	Ann Weed	10%	STATE ORATIO				
	,		RY OF STATE				
Dated _	March 30 , 2011	·	0,				
D-R - President							
Signature of a member or authorized representative of a member  David R. Young							
Typed or printed name of signee							
Types of printed name of signor							

Page 2 of 2

Filing Fee: \$25.00