

L10000121854

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRALER INVESTMENTS, 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:

MABEL ROMANIUK
Name of Person

MABEL ROMANIUK & ASSOCIATES PA
Firm/Company

1689 NE 123RD ST
Address

NORTH MIAMI FLORIDA 33181
City/State and Zip Code

MABELROMANIUK@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MABEL ROMANIUK at (305) 893-2669
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
TO
ARTICLES OF ORGANIZATION
OF**

BRALER INVESTMENTS, 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 JULY 6, 2011 and assigned Florida document number L10000121854.

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: 15321 NW 60TH AVE STE S109
MIAMI LAKES FL 33014
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: SAME
(Mailing address MAY BE A POST OFFICE BOX)

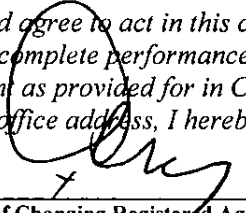
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: RAMIRO DIEGO ABRAN
New Registered Office Address: 15321 NW 60 AVE STE S 109
Enter Florida street address
MIAMI LAKES, Florida
City 33014
Zip Code

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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 Changing Registered Agent, Signature of New Registered Agent

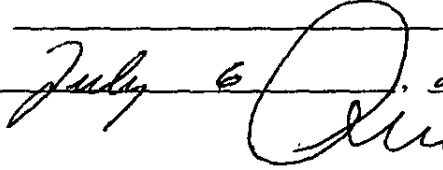
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMIRO DIEGO ABRAN	1390 BRICKELL AVE STE 200 MIAMI FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KARINA G RUSSO	1390 BRICKELL AVE STE 200 MIAMI FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAMIRO DIEGO ABRAN	15321 NW 60 AVE STE S 109 MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KARINA G RUSSO	15321 NW 60 AVE STE S 109 MIAMI LAKES FL 33014	<input checked="" 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.)*

Dated July 6, 2011



Signature of a member or authorized representative of a member
RAMIRO DIEGO ABRAN

Typed or printed name of signee