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COVER LETTER

	gistration Se vision of Cor		•	
SUBJECT:		INVESTMENTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		DORON BROMAN		
			Name of Person	
		BROMAN INVESTMENT	TS LLC	
			FirnvCompany	
		3330 NE 190 ST, #2614		
			Address	
		AVENTURA, FL 33180		
•			City/State and Zip Code	
		doron@modernodev.com F-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	·	Curio.i,
DEE CHOP			954 351-8840 F.Y.	r 3
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for th	e 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:

TO:

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

BROMAN 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 12/21/2010 and assigned Florida document number L10000129950 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DORON BROMAN	3330 NE 190 STREET, #2614	
		Aventura, FL 33180	□ Remove
			□ Change
MGRM	DORON BROMAN	3330 NE 190 STREET, #2614	
		Aventura, FL 33180	■ Remove
AMBR	DORON BROMAN	3330 NE 190 STREET, #2614	
		Aventura, FL 33180	Remove
			□ Change
			Remove
			□ Remove
			Change
			☐ ☐ Remove
			Si Propos

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