110000129950

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100363000921

03/30/21--01020--008 **25.00

2021 HAR 30 AM 921, BAR 30 AM 1 55

O SIMMONS MAR 3 1 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Broman Investments.	LLC	
-		
<u></u>		-
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	02/20/21	UCC 1 or 3 File
	$-\frac{03/30/21}{5}$	UCC 11 Search
Name	Date Time	UCC Retrieval
Walk-In	Will Pick Up	Courier
112 Pander's Printing - Thom savine GA 8/1	XC	1

COVER LETTER

TO: Registration S Division of Co			
	N INVESTMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Doron Broman		
		Name of Person	
	Broman Investments LLC		
		Firm/Company	·
	8163 NE 2nd Avenue, Un	it E	
		Address	
	Miami, FL 33138		
		City/State and Zip Code	
	doron@modernodev.com E-mail address: (to be used for future annual report notifie	eation)
For further information	concerning this matter, please c	·	·
Doron Broman		305 308-0132	
Name of Person		at () Area Code Daytime	Pelephone 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 (#dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Stallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 HAR 30 AH 9: 48

R	RΩ	МΔ	N	INV	EST	rмi	ENTS	HC	
n	ĸIJ	IVLA	un.	IIV V	E-2	I IVI I			

company has been notified in writing of this change.

(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 Florida document number $\frac{1.10000129950}{1.10000129950}$.	were filed on 12/21/2010	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8163 NE 2nd Ave. Unit E			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138			
	 			
Enter new mailing address, if applicable:	8163 NE 2nd Ave, Unit E			
(Muiling address MAY BE A POST OFFICE BOX)	Miami, FL 33138			
B. If amending the registered agent and/or registered office	address on our records, <u>en</u>	ter the name of the new register		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	dress		
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	i.			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. It performance of my duties provided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document i		

If Changing Registered Agent, Signature of New Registered Agent

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

2021 HAR 30 AM 9: 48

<u>Title</u>	<u>Name</u>	Address 4	Type of Action
AMBR	BROMAN, NATALY	3330 NE 190 STREET, #2614	□Add
		AVENTURA, FL 33180	≘ Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	 		□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

	2021 HAP 30
	2021 HAR 30 AH 9: 48
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet document's effective date on the Department of State's	iot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as th
e record specifies a delayed effective date, but not an eard is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 30 20	D21
0	3
Signature of a memb	per or authorized representative of a member
Doron Broman	
Тур	ed or printed name of signee

Filing Fee: \$25.00