## L11000026053

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SECRETARY OF STATE

n. BRUCE APR 03 2017

## **COVER LETTER**

	stration Sect sion of Corp				
SUBJECT:	BRUZONE I	LLC			
SUBJECT: _		Name of Lim	ited Liability Company	· · · · · · · · ·	
		mendment and fee(s) are sub			
rease return	un correspon	CATERINA SCOTTO-L	-		
			Name of Person	····	
		BRUZONE LLC			
			Firm/Company		<del></del>
		5681 PERSHING AVENU	JE		
			Address	4	
		ORLANDO, FL 32822			2017 SEC
		ariel.giglio@deluxerealty.u			2017 MAR 31 F SECRETARY OF ALLAHASSEE.
For further int	formation cor	E-mail address: ( accerning this matter, please co	to be used for future annual report notifical	.ion)	
CATERINA	SCOTTO-LA	VINA	954 328-6341 at ( )		3: 11.8 ORIDA
	Name of I	Person		elephone Numb	er CO
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	cate of Status &
	MAILIN	IG ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUZONE LLC					
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records. mited Liability Company)	)			
The Articles of Organization for this Limited Liability Com	npany were filed on 03/02/2011	and assigned			
Florida document number L11000026053					
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	d 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 ADDRES	SS)	ALE 2017			
		AS AS			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		A S			
B. If amending the registered agent and/or register registered agent and/or the new registered office address					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Emel 1 tortal street dauress				
<del></del>	, Flo	rida Zip Code			
	CHy	zip Coue			

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAG FOOD & SERVICES LLC	1990 KIMBERWICKE CIR	□ Add
		OVIEDO, FL 32765	■ Remove
			Change
MGR	CATERINA SCOTTO-LAVINA	2642 MAGUIRE ROAD	<b>⊟</b> Add
		OCOEE, FL 34761-4752	□ Remove
			☐ Change
AMBR	ELLISSE LLC a Delaware LLC	5481 WILES RD STE 505	Add
		COCONUT CREEK FL 33073	☐ Remove
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Filing Fee: \$25.00