

Division of Corporations

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L11000120989

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRUCIA LLC**

Certificate of Status	1
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(JUL 18 2013

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUCIA 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 10/24/2011 and assigned
Florida document number L11000120989

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

333 NE 24TH STREET

SUITE 411

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 NE 24TH STREET

SUITE 411

MIAMI, FL 33137

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:

AUGUSTO FRANCHINO

New Registered Office Address:

333 NE 24TH STREET, STE 411

Enter Florida street address

MIAMI

City

Florida 33137

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 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 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>
MGRM	AUGUSTO FRANCHINO	333 NE 24TH STREET	<input type="checkbox"/> Add
		SUITE 411	<input type="checkbox"/> Remove
		MIAMI, FL 33137	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove


CLERK OF DISTRICT COURT
THIRTEENTH JUDICIAL CIRCUIT
STATE OF FLORIDA

2013 JUL 17 AM 8:33

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 07/24/2013



Signature of a member or authorized representative of a member

AUGUSTO FRANCHINO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA