

11000124546

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BROTHERS MARINE, 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:

JODI RONEN

Name of Person

ACCUTAX & ACCOUNTING SERVICES, LLC

Firm/Company

130 NE 4TH AVE

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

GIJORO@AOL.COM

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

For further information concerning this matter, please call:

JODI RONEN

Name of Person

954 574-0081

at ()

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

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TALLAHASSEE, FL
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DIVISION OF CORPORATIONS

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

BROTHERS MARINE, 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 11/01/2011 and assigned
Florida document number L11000124546.

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:

(Principal office address MUST BE A STREET ADDRESS)

2001 SW 20TH STREET

STE 212

FORT LAUDERDALE, FL 33315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 21519

FORT LAUDERDALE, FL 33315

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:

JODI RONEN

New Registered Office Address:

2001 SW 20TH STREET STE 212

Enter Florida street address

FORT LAUDERDALE

Florida 33315

City

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 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.

Jodi Ronen
(Signature)
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:

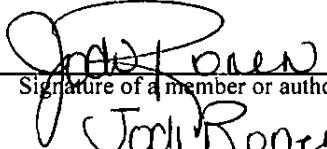
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TETIRUS POOL	2001 SW 20TH STREET	<input checked="" type="checkbox"/> Add
		STE 212	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33315	
MGRM	JODI RONEN	2001 SW 20TH STREET	<input checked="" type="checkbox"/> Add
		STE 212	<input type="checkbox"/> Remove
		FT LAUDERDALE, FL 33315	
P	ANDRES SWANEPOEL	136 NE 4TH AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
S	CONRAD POOL	136 NE 4TH AVE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" 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 10/31, 2013.



Signature of a member or authorized representative of a member

Jodi Ronen

Typed or printed name of signee

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Filing Fee: \$25.00

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