## L12000001156

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12 OCT -8 AHII: 32 SEGNELARY OF STATE ALL AHASSEE, ELORIDA

## **COVER LETTER**

TO:	Registration So Division of Cor					
SUBJECT: BRM Investments, LLC.						
SUBJE	Name of Limited Liability Company					
		Amendment and fee(s) are sub ondence concerning this matter	-			
<del> </del>			Rene F. Leoncio Name of Person			
Leo			ncio & Associates, LLC.			
8302 Northwest 103rd Street, Suite # 106						
	Address Hialeah Gardens, Florida 33016					
	City/State and Zip Code					
		rle	eoncio@bellsouth.net			
For fun	ther information of	E-mail address: ( concerning this matter, please of	to be used for future annual report notification)			
	Re	ne F. Leoncio	at ( 305 ) 558-1700			
Name of Person		of Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for t	the following amount:				
<b>▼</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Scertified Copy (additional copy is enclosed)  S60.00 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		ration Section on of Corporations Box 6327	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

FILE®

12 OCT -8 AMII: 32

(Name of the Limited L	M Investments, LLC.  ability Company as it now apper orida Limited Liability Company	SECRETAI ars on our records. MAS	Y OF STATE <del>SEE, F</del> LORIDA	
The Articles of Organization for this Limited Liabi Florida document numberL1200000115	· · · · —	January 04, 2012	_ and assigned	
This amendment is submitted to amend the following A. If amending name, enter the new name of the	-	ere:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the	e name of the new	
Name of New Registered Agent:			<del> </del>	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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.

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** MGR John Martinez 14386 Southwest 166th Terrace \_ Add Miami, Florida 33177 ✓ Remove MGR Antuan Doreste ✓ Add ☐ Remove 14386 Southwest 166th Terrace Miami, Florida 33177 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2nd Signature of a member or authorized representative of a member Norma Martinez Typed or printed name of signee

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Filing Fee: \$25.00