

L12000046085

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TALLAHASSEE FLORIDA

T. CLINE

JUN 12 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brand Name Liquidators, 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:

**Kristian Alekov**

Name of Person

**Brand Name Liquidators**

Firm/Company

**9670 Blue Stone Circle**

Address

**Fort Myers, FL 33913**

City/State and Zip Code

**brandnamesliquidators@gmail.com**

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

For further information concerning this matter, please call:

**Kristian Alekov**

Name of Person

at ( **239** )

**910-5300**

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, FLORIDA

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

**Brand Name Liquidators, 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 04/04/2012 and assigned  
Florida document number L12000046085.

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**)

12960 Express Court, Unit 21

Fort Myers, FL 33913

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

9670 Blue Stone Cir

Fort Myers, FL 33913

**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: Kristian Alekov

New Registered Office Address: 12960 Express Court, Unit 21

*Enter Florida street address*

Fort Myers

Florida

33913

*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.*

Kristian Alekov  
If Changing Registered Agent, Signature of New Registered Agent

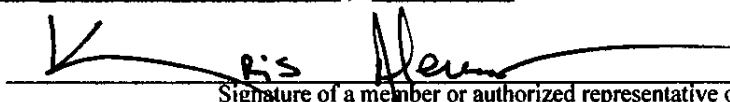
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KEVIN BROOKS	13291 HAMPTON PARK CT FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GEORGE CRETU	9664 BLUE STONE CIR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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 JUNE 6th, 2012

  
Signature of a member or authorized representative of a member  
KRISTIAN ALEKOV  
Typed or printed name of signee

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TALLAHASSEE FLORIDA