#1 12000094882

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone #	<i>f</i>)
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K. SALY EXAMINER FEB 2 6 2013

COVER LETTER

TO:

Registration Section Division of Corporations

4 BROTHERS INVESTMENTS, LLC

SUBJECT:

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:

RAMIS MAHMOUD

Name of Person

4 BROTHERS INVESTMENTS, LLC

Firm/Company

2570 W. 84 ST.

Address

HIALEAH, FL 33016

City/State and Zip Code

FBRITO@CS-SUPLY.NET

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

For further information concerning this matter, please call:

RAMIS MAHMOUD

_{.,/}305**629-819**1

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 Liab	oility Company	were filed on 07/23/	2012	and assigned
Florida document number L12000094882	···································			
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company here:		
The new name must be distinguishable and end with 'L.L.C."	the words "Limit	ted Liability Company,"	the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicat	ole:	2570 W. 84 ST.		
(Principal office address MUST BE A STREET	ADDRESS)	HIALEAH, FL 33	3016	
Enter new mailing address, if applicable:		2570 W. 84 ST.		
Mailing address MAY BE A POST OFFICE B	OX)	HIALEAH, FL 3	3016	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:	2570 W. 84	ST.		
		Enter 1	Florida street addres	s
	HIALEAH		, Florida <u>330</u> 1	16
		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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Add Remove Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, F	EBRUARY 20 /2013
zu	The state of the s
	Signature of a member or authorized representative of a member
	RAMIS MAHMOUD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00