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(((H130000826683)))



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To:	Division of Corporations Fax Number : (850)617-6	383	13 SECI
Fron:	Account Name : J L HOFMAN Account Number : 1199900000 Phone : (305)666-0 Fax Number : (305)666-0	N & ASSOCIATES, P.1 22 024 028	ED 2 M 8 2 Y OF STATE SEE, FLORID
Email Addre	1 address for this business ort mailings. Enter only one ss: <u>Cincup jhcp</u>	email address plea	cor fuzure or se.**
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TARTICLES OF A	MENDMENT		
		FILED	
ARTICLES OF OR	GANIZATION	APR 12 AM 8:26	
	¢:	CRETARY OF STATE	
Bravo Asset Management, LLC	TAL	LAHASSEE, FLORIDA	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on 12/07/201	2 and assigned	
Florida document number L12000153396			
This amendment is submitted to amend the following:			
A. If amending name, outer the new name of the limited liabili	ty company here:		
		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end with the words "Limite"	d Liability Company," the d	losignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		,	
Enter new mailing address, if applicable:			
(Mailing gddress MAY BE A POST OFFICE BOX)	······································		
	 	····-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our reco	rds, cotter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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

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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: FILED						
MGR – Manager MGRM = Managing Member		13 APR 12 AM 8:26				
<u>Title</u>	<u>Nume</u>	Address SECRETARY OF STATE TALLAHASSEE, FLORIDA I	ype of Action			
MGRM	Cristiano Beraldo	1441 BRICKELL AVENUE SUITE 1220	Add			
		MIAMI, FL 33131	Remove			
MGRM	Marco Antonio Vazguez	1441 Brickell Avenue, Suite 1220	Add			
		Miami, FL 33131	Remove			
*****			Add			
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b. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILED 13 APR 12 AV 8: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA Datod April 11 2013 Signature of a synchrober of a synchrober of a member Cristiano Beraldo Typed or printed name of signce Page 3 of 3

Filing Fce: \$25.00

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