

L13 000009125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

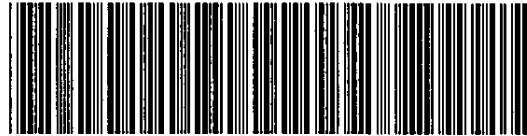
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Amend*

Office Use Only



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05/30/14--01004--008 \*\*25.00

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14 MAY 30 PM 4:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

0035-6

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BR Investment Group, 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:

Michael J. Todd

Name of Person

General Counsel Consulting

Firm/Company

960 E. Oakland St.

Address

Gilbert, AZ 85295

City/State and Zip Code

mtodd@in-houseattorneys.com

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

For further information concerning this matter, please call:

Michael J. Todd

Name of Person

at ( 480 ) 326-1549

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**

BR Investment Group, 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 01/17/2013 and assigned  
Florida document number L13000009125

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)**

5050 Commonwealth Drive, Siesta Key, FL  
34242

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5050 Commonwealth Drive, Siesta Key, FL  
34242

**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: Anthony Bonacuse

New Registered Office Address: 5050 Commonwealth Drive

Enter Florida street address

Siesta Key, Florida 34242

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 605, 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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TALLAHASSEE, FLORIDA

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

- MGR = Manager
- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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1 MAY 09 PM 1:15  
 MIAMI, FLORIDA  
 1111 STATE ST  
 MIAMI, FLORIDA 33136

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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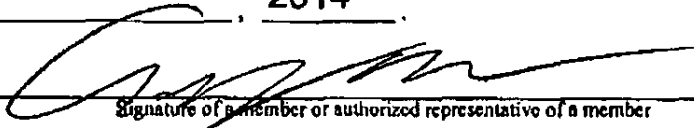
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 27, 2014



Signature of member or authorized representative of a member

Anthony Bonacuse

Typed or printed name of signee

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14 MAY 30 PM 1:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00