L13000020504

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT

Bravo Zulu Partners, 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:



Name of Person

Firm/Company

2484 SW 162nd Avenue

Address

Miramar, FL 33027

City/State and Zip Code

cvelasquez@vivogroup.net

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

For further information concerning this matter, please call:

Carlos Velasquez

*ू,*786_\547-4483

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**

Bravo Zulu Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.

(4	t i ionda Eminted E	naomy Company)		
The Articles of Organization for this Limited I	iability Company	were filed on 2/8/13	and assigned	
Florida document number L13000020504	·		1.00	
This amendment is submitted to amend the following	owing:		25.	
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7545 West 24th Avenue Suite 100		
Enter new mailing address, if applicable:		7545 West 24th	Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 100		
		Hialeah, FL 33016		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new	
Name of New Registered Agent:	Kelle VIVO			
New Registered Office Address:	7545 West 24th Avenue, Suite 100			
	Enter Florida street address			
	Hialeah		, Florida <u>33016</u>	
		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.

> /s/ RENE VIVO If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address 7	ype of Action
MGR	Rene Vivo	7545 West 24th Avenue	Add
		Suite 100	Remove
		Hialeah, FL 33016	_
MGR	Christopher Sutton	1249 SW 159th Terrace	✓ Add
		Pembroke Pines, FL 33027	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
Ma	arch 26 2013
ated	
	Signature of a member or authorized representative of a member
	Carlos Velasquez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00