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Office Use Only



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SECRETARY OF STATE
TAUL SHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp	tion ?		
SUBJECT: BRAZ 3, l	.LC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	F. Ronald Mastriana		
		Name of Person	
	Mastriana & Christiar	nsen, PA	
		Firm/Company	
	1500 North Federal H	Hwy #200	
		Address	
	Fort Lauderdale, Flor	rida 33304	
		City/State and Zip Code	
	ron@m-c-law.com		
	E-mail address: (to	be used for future annual report notifica	tion)
For further information con	ncerning this matter, please cal	11:	
F. Ronald Mastriana	3	954 336-1133	
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fce & 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

BRAZ 3, 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 3/29/13 and assigned Florida document number L1000046898 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City

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

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 Title **Type of Action** Name **Address MGRM** Merchant Equity VOIP,LLC 1500 North Federal Hwy 200 □ Add Fort Lauderdale, Florida 33304 ■ Remove Merchant Equity Florida, LLC-**MGRM** 1500 North Federal Hwy #200 ■ Add Fort lauderdale, Florida 33304 ☐ Remove _□ Add ☐ Remove ☐ Remove □ Add ☐ Remove

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X	Signatur	are of a member or authorized representative of a member
×		are of a member or authorized representative of a member

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Filing Fee: \$25.00

