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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BMRS BRANDON, 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:

**RAUL SOCARRAS**

Name of Person

**RAUL SOCARRAS, PA**

Firm/Company

**387-A HERNDON AVENUE**

Address

**ORLANDO, FL 32803**

City/State and Zip Code

**RAUL.SOCARRAS@I-CON.COM**

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

For further information concerning this matter, please call:

**DAN GARCIA**

Name of Person

**407 616-0908**

at ( )

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

FILED  
13 JUN 14 PM 3:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BMRS BRANDON, LLC

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

**FILED**  
13 JUN 14 PM 3:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 5/20/2013 and assigned  
Florida document number L13000073440.

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

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

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BMRS PROPERTY HOLDINGS, LLC	387-A HERNDON AVE ORLANDO, FL 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAUL SOCARRAS	387-A HERNDON AVE. ORLANDO, FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MICHAEL MANGLARDI	540 N. SEMORAN BLVD ORLANDO, FL 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHAWN D. BUSH	3100 CAMP ROAD OVIEDO, FL 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSEPH F. RUSSO	6109 GREATWATER DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated

June 8, 2013

Signature of a member or authorized representative of a member

RAUL SOCARRAS, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00