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SECRETARY OF STATE

TALLAHASSEE, FLORID

Burch AUG 19 2014

COVER LETTER

TO: Registration Section **Division of Corporations**

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.

FRANK BRUNN, RTRP, EA

Name of Person

FCDC

Firm Company

407 EAST NEW HAVEN AVENUE

MELBOURNE, FL. 32901-4507

City State and Zip Code

TAXMANFRANK@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK BRUNN, RTRP, EA at (321) 727-2672 Name of Person 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 radditional 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

BREBUSCO LLC		
(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 05-22-13 Florida document number L13000074894		and assigned
This amendment is submitted to amend the following	jā:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the work	Is "Limited Liability Company," the designation "LLC" or	the abbrectation "E.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	Σ.	FLORIEA
B. If amending the registered agent and/or registered agent and/or the new registered office		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-		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

1GR = M MBR = A	anager uthorized Member		
itle	<u>Name</u>	Address	Type of Action
MGR	BRYAN F TILLFORD	573 ORANGE GROVE AVENUE	🗖 Add
		WEST MELBOURNE, FL. 32904	Remove
			 □ Add
			□ Aud □ Remove
			SECRETARION SECRET
			SSET Remuge
		· · · · · · · · · · · · · · · · · · ·	STATE LORIDA
			□ Add
			□ Remove
·			
			Remove
			 □ Add
			_□ Remove

D. If amending any other information, ente	r change(s) here: (Attach additional shee	ets, if necessary.)		
E. Effective date, if other than the date of fit (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart Dated 04-25	o date of receipt or filed date and cannot be more th	(optional) nan 90 days after		
IAN KOSS	Typed or printed name of signee	nber A S	<u> </u>	* ,
	Typed or printed hame of signee	METARY OF STATE		Via

Page 3 of 3

Filing Fee: \$25.00