# L13000104361

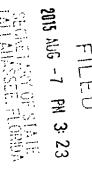
	(Requestor's Name)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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### **COVER LETTER**

TO: Registration Sec Division of Corp		¥r est d	•
SUBJECT:BA	KENUS REALTY Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	An	IA HORTA	
		Name of Person	
	BREM	Name of Person  NOS TRADING LLC Firm/Company	-
		ANDREWS BLV. #	
	BOLA R	City/State and Zip Code	33
		SWSTEADING . Com to be used for future annual report notifi	
For further information co	oncerning this matter, please ca	ıll:	
ANA	HORTA	at (603 ) 225-09 Area Code Daytime	711
Name of	Person	Area Code Daytime	relephone Number
Enclosed is a check for the	e 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

## TO ARTICLES OF ORGANIZATION OF

FILED

2015 AUG -7 PM 3: 23

BRSNUS REALTY LL	SECRETARY OF STATE LABOUR.
(Name of the Limited Liability Compar (A Florida Limited L	was it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/3000/0436/</u> .	were filed on $07/23/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the limited liability of the new name of the new	LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	21218 St. ANDREWS BLVD # 512 BOLA RATION, FL 33433
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	21218 St. ANDREWS BLVD #512 BOCA RATON, FZ 33433
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 21218	SE ANDREWS BLVD #512

### 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.

Enter Florida street address

### $\underbrace{\text{or removed from our records}}_{\text{`}}.$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an et Note:	tive date, if other than the date of filing:	207 (3) as the
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
The	e 90th day after the record is filed.	
	AUGUST 4th , 2015.	
Dated	1 HUGUST 4 , 2018.	
	$\mathcal{A}$	
	Signature of a member or authorized representative of a member	
	V1 ca 11 a-a	
	Typed or printed name of signee	

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Filing Fee: \$25.00