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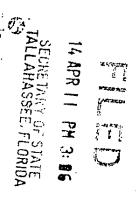
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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February 25, 2014

BERNARDO RIVERA 2514 HOLLYWOOD BLVD SUITE 305 HOLLYWOOD, FL 33020

SUBJECT: B'RAJA INVESTMENTS, LLC

Ref. Number: L14000019247

We have received your document for B'RAJA INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 314A00004178

COVER LETTER

TO: Registration So Division of Con			r , r
SUBJECT: MAL	ULAFRA, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bernardo Ri	vera	
		Name of Person	·
	Rivera & Po	vedano Associate	es
		Firm/Company	, , , , , , , , , , , , , , , , , , ,
	2514 Hollyw	ood Blvd. Suite	305
		Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Hollywood, I	FL 33020	
		City/State and Zip Code	
	riverapovedano@	gmail.com to be used for future annual report notifice	
Ton further information of		·	ation)
	concerning this matter, please ca		170
Bernardo F		_{at} (954 ₎ 699-07	
Name o	of Person	Area Code Daytime T	Telephone Number
Enclosed is a check for t	he 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

MALULAFRA, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000019247	were filed on <u>02/04/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
B'RAJA MANAGEMENT, LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2514 HOLLYWOOD BLVD.	
Principal office address MUST BE A STREET ADDRESS)	SUITE 305	
	HOLLYWOOD, FL 3302	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her		TASECH A
Name of New Registered Agent:		ASS I
New Registered Office Address:		M- +
	Enter Florida street address	P.S.
	, Florida	ORD 3:
	City	OrnZip 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BERNARDO RIVERA	7315 CARLYLE AVENUE	_ Add
		SUITE 5	☐ Remove
		MIAMI BEACH, FL 33141	
MGR	FRANCISCO M. DUARTE		🖸 Add
			Remove
<u>P</u>	LUCIETTA DI MAIO DE DUARTE		□ Add
			Remove
VP_	MANUEL A. DE SA DUARTE	ALLAHASS	Add App Remove
<u>S</u>	NEMPHY C. LUIS	EE. FLORIDA	⊇ Quantity Add Remove
			_
			_□ Add _□ Remove

D. It amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
~ {	\
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E. Effective da	ate, if other than the date of filing: (optional) late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective d	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
Dated IVIF	ARCH 3RD 2014
_	Signature of a member or authorized representative of a member
F	BERNARDO RIVERA /
_	/

Page 3 of 3

Filing Fee: \$25.00

