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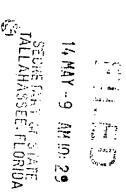
(Requestor's Name)				
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(Business Entity Name)				
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COVER LETTER

TO: Registration So Division of Con					
SUBJECT:	BROTHER'S E &	N INVESTMENTS, LLC			
	Name of Limit	ted Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
		RUBEN SANCHEZ			
	Name of Person				
MERCA CONSULTING					
Firm/Company					
	14	NE 1ST AVE STE 805			
		Address			
	MIAMI, FL 33131				
		City/State and Zip Code			
	E-mail address: (1	to be used for future annual report notificat	tion)		
For further information	concerning this matter, please c	all:			
Name	of Person	at () Area Code & Daytime T	elephone 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)		
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	R ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROTHERS F & N INCESTMENTS LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recolability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document numberL14000066888	were filed on APRIL 24	, 2014 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "LimitL.L.C."	ited Liability Company," the designment	gnation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	10401 NW 36 ST	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33178	
		HAS Y MARINE SEE SEE SEE SEE SEE SEE SEE SEE SEE S
Enter new mailing address, if applicable:	10401 NW 36 ST	To A TT
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33178	SIATE STATE
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida s	treet address
, <u></u>	, FI	orida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Ådd Remove
			Add Remove
			Add Remove
			Add Remove
····	<u>,,</u>	724	Add Remove
		STALLAH.	Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary).	F9 ## 10 2.
		. Dr.	_
	1 P	1 A	_

Page 2 of 2

Filing Fee: \$25.00