# L14 0000 680 25

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(Ac	ldress)	
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2. STATES JUN 1 3 2014

#### **COVER LETTER**

TO: Registration Section . **Division of Corporations** 

## BRUNO DA SILVA REALTY 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:

#### **BRUNO DA SILVA**

Name of Person

## BRUNO DA SILVA REALITY

Firm/Company

#### 13210 MEADOWFIELD DR.

Address

## ORLANDO, FL 32824

City/State and Zip Code

#### brunount@sbcglobal.net

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

For further information concerning this matter, please call:

### BRUNO DA SILVA

Name of Person

at (817) 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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BRUNO DA SILVA REALTY LLC

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

	(A Ciorda Camilea i	naomity Company)	
The Articles of Organization for this Limited I	iability Company	were filed on 04/25/2014	and assigned
Florida document number L14000068025	······································		
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
BRUNO DASILVA LLC			
The new name must be distinguishable and end with the	e words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the new
· · · · · · · ·		_	<b>0</b> .7
Name of New Registered Agent:	N/A		De Communication of the Commun
Name of New Registered Agent.			
New Registered Office Address:	N/A		
		Enter Florida street address	
	<del></del> .	, Florid	Zip Code
Nicol Decision I Amends Circulation (C.)	Decision I A in A	City	2 \ \Q
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as p	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
company has been notified in writing of this		www.cos, r norcey conjum mul tr	и папси памину

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			<b></b>
			□ Remove
<del> </del>		<del>.</del>	Add
			□ Remove
			Add
		<del>.</del>	Remove
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		<u> </u>	
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			□ Remove
<del></del>			Add
			□ Remove

If-amending any other information, enter change(s) here: (Attach N/A	additional sheets, if necessary.)
N/A .	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	
Dated JUNE 5TH 2014	
Burney Danle	
Signature of a member or authorized repres  BRUNO DASILVA	entative of a member
Typed or printed name of c	ппае

Page 3 of 3

Filing Fee: \$25.00

