L14000157218

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2016 NOV -4 PH 1: 14
SECRETARY OF STATE

K. SALY NOV - 7 2016

COVER LETTER

TO:	Registration Sec Division of Corp						
CHDII	Brasmi LLC						
SUBJE	<u> </u>	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		Elio Hipolito Simonelli					
			Name of Person				
		Florida Homes Internation	al Realty				
			Firm/Company				
		12555 Orange Drive unit 2	26				
	•		Address				
		Davie Fl 33330					
			City/State and Zip Code				
	management@floridahomesintl.com						
			to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please ca	all:				
Elio H	ipolito Simonelli		305 305-396-4496	ó			
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	e following amount:					
\$2.	5.00 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



Brasmi LLC

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

Florida document number L14000157218	y were filed on 10/8/20	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited lial	bility company here:	
Brasmi LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		unit 226 Davie, FL 33330
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		r records, enter the name of the n
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r records, enter the name of the n
registered agent and/or the new registered office address he	<u>re</u> :	
registered agent and/or the new registered office address he Name of New Registered Agent:		
registered agent and/or the new registered office address he	<u>re</u> :	
registered agent and/or the new registered office address he Name of New Registered Agent:	re: Enter Florida s	treet address
registered agent and/or the new registered office address he Name of New Registered Agent:	re: Enter Florida s	treet address
registered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida s	treet address

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SIMONELLI, ELIO HIPOLITO	12555 Orange Drive Suite 226	
		Davie, FL 33330	Remove
			☐ Change
AMBR	SIMONELLI, ELIO	12555 Orange Drive Suite 226	Add
		Davie, FL 33330	☐ Remove
			Change
	···		Add
			□ Remove
			☐ Change
			SECKE JARY
			FILOR A
			□ Remove
			□ Change
<u></u>			□ Add
			Remove
			☐ Change

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ffective date, if an effective date is	otner than the listed, the date mus	t be specific an	g: d cannot be pri	or to date of	filing or more	than 90 days a	ptional) after filing.) l	Pursuant to 605.	.020
Iote: If the date in ocument's effection	ve date on the D	epartment of	meet the appl State's record	icable stati ls.	itory ming r	equirements,	this date w	iii not de fiste	ea a
e record speci The 90th day	fies a delayed after the rec	l effective (ord is filed.	date, but r	ot an eff	ective tin	ne, at 12:0	1 a.m. o	n the earlie	ero
Dated	Apreses	30_	. <u>704</u>	6	0	•			
				LANGE VAL	~ ~/~				

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Typed or printed name of signee

Filing Fee: \$25.00