## 6 5000096338

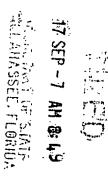
(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300302866343

09/07/17--01023--013 \*\*30.00



SEP 0 7 2017

Y SULKER

	COVER LETTER
	ration Section on of Corporations
	R & BR INVESTMENTS LLC
SUBJECT: _	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
	DR LUIS JOSE BOADA
	Name of Person
	QUIK GROUP CORP
	Firm/Company
	4655 12th. ST. NE.
	Address
	NAPLES, FL. 34120-0429
	City/State and Zip Code QUIKGROUP1002@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
DR LUIS JOSI	at /
	Name of Person Area Code Daytime Telephone Number

ı

Certificate of Status

Certified Copy
(additional copy is enclosed)

(additional copy is encu-

and the same of the same of

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

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	IVESTMENTS LLC		
SUBJECT:	Name of Limite	ed Liability Company	<u> </u>
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	DR LUIS JOSE BOADA		
		Name of Person	
	QUIK GROUP CORP		
		Firm/Company	
	4655 12th. ST. NE.		
	27 - 17 - 14 - 14 - 14   14   14   14   14   14	Address	
	NAPLES, FL. 34120-0429		
		City/State and Zip Code	
	QUIKGROUP1002@GMAIL		
	E-mail address: (to	be used for future annual report notifica	ition)
For further information co	ncerning this matter, please call	•	
DR LUIS JOSE BOADA		786 285-4115	
Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	e following amount:		
1 \$25.00 Filing Fee	□ \$20.00 Filing Fee &	D SSS.00 Filing For &	□ \$66.98 PHing Pot,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

DD 6 DD INIVIPETMENT LLC

	VESTMENT LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL15000096338	pany were filed on	06/02/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>'e</u> :	
BR & BR INVESTMENT LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2608 NW 72ND	AVENUE	
(Principal office address MUST BE A STREET ADDRES	MIAMI, FL. 331	22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		TO SEP - T A
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on s here:	our records, <u>ente</u>	er the name of the nev
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florid	la street address	
		. Florida	
	City	, 1 101 IGH .	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MORENO LEIMAR	EDIF ALTOLAR, APT B-23 URB	
		VILLA GRANADA PUERTO ORI <b>DAZ</b>	■ Remove
		VENEZUELA	Change
MGR	STEVEN HERI	YANDEZ EDIF. LOS BAMBUE	Add
		ATT. D-31 URB. LATILLE BOYERA - EL HATILLE EDO MINANDA VENE	□ Remove
		EDO MINANDA VENE	<b>W</b> H □ Change
			□ Remove
			Change
			New York
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

N/A		
•		
, , , , , , , , , , , , , , , , , , ,		
	•	
	96 61 75 - 128	
	\$ <b>\$</b>	,
	7,7	
		دشدې ۳ ۱
	<u> </u>	
	<u> </u>	
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior  te: If the date inserted in this block does not meet the applic  cument's effective date on the Department of State's records	able statutory filing requirements, this date will not be liste	i.0207 ed as
record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie	er of
SEPT I 2017		
ted, \lambda	,	
- Julia		
Signature of a memory of auth	orized representative of a member	

Page 3 of 3

Filing Fee: \$25.00