

L15000184468

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H17000180066 3)))



H170001800663ABC

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**To:**  
 Division of Corporations  
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**From:**  
 Account Name : CORP USA  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BRERA LLC**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE  
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Corporate Filing Menu

Help

**S. WARREN**

**JUL 12 2017**

7/10/2017



July 11, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BRERA LLC  
478 E ALTAMONTE DR  
STE #108-590  
ALTAMONTE SPRINGS, FL 32701US

SUBJECT: BRERA LLC  
REF: L15000184468

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

Dionne M Pijaux  
Regulatory Specialist  
Registration Section

FAX Aud. #: H17000180066  
Letter Number: 617AC0013915

P.O BOX 6327 - Tallahassee, Florida 32314

11/20010-1-1

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRERA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/29/2015 and assigned  
Florida document number L1500184468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

1012 E Osceola Pkwy  
Kissimmee, FL 34744

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

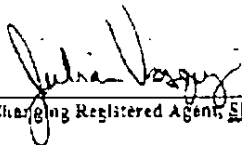
1012 E Osceola Pkwy  
Kissimmee, FL 34744

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:	Freedomtax Accounting & Multiservices, Inc
New Registered Office Address:	1016 E Osceola Pkwy
	Enter Florida street address
	Kissimmee, Florida 34744
	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 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

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CLERK OF COURT  
JULIA VASQUEZ  
11/11/2015

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 - Manager  
AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert D'Addario	1012 E Osceola Pkwy	<input type="checkbox"/> Add
		Kissimmee, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(v)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(c) The 90th day after the record is filed.

Dated July 11, 2017

*Robert D. Adkins*  
Signature of a member of authorized representation

Signature of a member or authorized representative of a member

Robert D'Addario

Typed or printed name of signer

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**Filing Fee: \$25.00**

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