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SECRETARY OF STATE
TALLAMASSE FI Mann.

DEC 2 3 2015

S. YOUNG

COVER LETTER

Division of Co	rporations			
B & R MA	ARKETING AND PROMOTIC	ONS LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	BIANCA G DUMITRES	CU		
		Name of Person		
		Firm/Company		
	1800 N BAYSHORE DR	. #2207		
		Address		SE(
	MIAMI FL 33132			題用工
		City/State and Zip Code		TOPE NO F
	BIADUMI@HOTMAIL.C	OM (to be used for future annual report notif	ication)	C 23 PH
For further information c	concerning this matter, please c	•	icanon,	ED PH 1:5
BIANCA G DUMITRE	SCU	786 253-1729		₹,., a
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

B & R MARKETING AND					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our lability Company)	records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL15000195886	were filed on11/19	and assigned			
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 Liabil	lity 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)	600 THREE ISLAND E	BLVD # 1114 — S			
	HALLANDALE BEAC	H FL 33009			
Enter new mailing address, if applicable:		FILE FILE PEC 23 PETANYO			
(Mailing address MAY BE A POST OFFICE BOX)	600 THREE ISLAND E	= 			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ST S			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street	address			
		, Florida			
	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

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>	Type of Action
MGR	BIANCA G DUMITRESCU	600 THREE ISLAND BLVD	■ Add
		# 1114	□ Remove
		HALLANDALE FL 33009	☐ Change
			☐ Remove
			☐ Change
			ECONOMIA P
			- Remove
		E Change	
			D Add
			☐ Remove
			□ Change
			□ Remove
			Change
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Filing Fee: \$25.00