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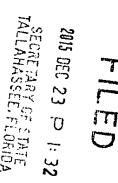
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	gistration Sec ision of Corp				
SUBJECT:	BRXW, LLC	2			
SUBJECT;		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed	I Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Douglas A. Peebles, Esq.			
			Name of Person		
		Peebles Law Firm, P.A.			
			Firm/Company		
		1201 6th Ave. W., Suite 5	05		
			Address		
		Bradenton, FL 34205			
			City/State and Zip Code		
		DAP@dpecbles.com			
		E-mail address: (to be used for future annual report noti	fication)	
For further in	nformation co	ncerning this matter, please c	all:		
Douglas A.	Peebles, Esq.		941 742-6611 at ()) 2015 SEC/ TALL/	
	Name of	Person	Area Code Daytim	e Telephone Number 17 CC 23 P CC 23 P CC 23 P CC 23 P CC 25 P	.,
Enclosed is a	check for the	following amount:			1
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copyro (additional copy is enclosed)	•

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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

The Articles of Organization for this Limited Liability Cor	npany were filed on Nove	and assigned
Florida document number L15000196419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	;
BRXW Holdings, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
nent helwich [1]		2
		ARE DEC
Enter new mailing address, if applicable:		NS C
(Mailing address MAY BE A POST OFFICE BOX)		m² ₩ m²
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B. If amending the registered agent and/or register		our records, enter the name of the new
registered agent and/or the new registered office addre	ss nere:	****
•		- · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		
. ,	Enter Florida	a street address
<u> </u>		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
myding the presistent! I hereby accept the appointment as registered agent an	nd agree to act in this car	pacity. I further agree to comply with the
provisions of all statutes relative to the proper and con	nplete performance of m	y duties, and I am familiar with and
accept the obligations of my position as registered age		
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.		

Strate Rendard Con-

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કાર જાણે સુધામાં જે તે કહે છે. જાલા કાલોકોટ કહે છે છે If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote: If the date inserted in this block does not meet the applicable statutory filing requorument's effective date on the Department of State's records.	uirements, this date will not	be listed as
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e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the	earner o
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ated 12 17 , 15		
Whe Ho Dung		
Signature of a member or authorized representative of a n	nember	
Mike H. Dunlap		

Page 3 of 3

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