

4/3/2017

From Account Bookkeeping 1.321.888.4914 Mon Apr 3 10:58:21 AM MD Page 1 of 5

L16000217720

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRAME ADMINISTRATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 APR -4 AM 10:47

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR -4 AM 7:58

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K. SALY

APR - 5 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAME ADMINISTRATION LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIANA SOUZA

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD STE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

CUSTOMER@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANA SOUZA

Name of Person

407

at ( )

Area Code

898-1757

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

H17 000091402 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2017 APR -4 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRAME ADMINISTRATION 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 11/30/2016 and assigned  
Florida document number L16000217720.

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:

1702 BRAGG DR APT 302

(Principal office address MUST BE A STREET ADDRESS)

CELEBRATION, FL 34747

Enter new mailing address, if applicable:

1702 BRAGG DR APT 302

(Mailing address MAY BE A POST OFFICE BOX)

CELEBRATION, FL 34747

**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:

New Registered Office Address:

983 BENNETT RD APT 204

*Enter Florida street address*

ORLANDO

Florida

32814

*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>	<u>Type of Action</u>
MGR	ATAIDE LEITE, EDUARDO	1702 BRAGG DR APT 302	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIANOTTI, CAIO	983 BENNETT RD APT 204	<input type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIANOTTI, ELIS	983 BENNETT RD APT 204	<input type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2011 APR -4  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**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.

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

Dated APRIL 3, 2017

~~Signature of a member or authorized representative of a member~~

CAIO GIANOTTI

Typed or printed name of signee