## 4600023039

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D. SCOTT FEB 3 2017

## **COVER LETTER**

	egistration Section vision of Corpora		¥ .	
SUBJECT:	. <u>B</u>	BRADAN LLC Name of Limi	ited Liability Company	<u> </u>
The enclose	ed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please retur	n all corresponder	ice concerning this matter	to the following:	
	-	ROBERT	FARS EC	
			Name of Person	
	-		Firm/Company	
		4816 CHEV	ul BLUD	
	_		Address	<del></del>
	-	LuTz, FL.	3355P	·
	_	FARSS & FA	City/State and Zip Code  ALSS. NET to be used for future annual report notifi	(antian)
				cation)
	oby FAN	rning this matter, please ca $3\mathcal{E} hicksim$	at $(\frac{F}{3})$ at $(\frac{F}{3})$ $\frac{767-6}{2}$ Daytime	SEGGE T
	Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is	a check for the fo	llowing amount:		123 <b>*</b> 7
\$25.00	Filing Fee C	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Boorsoan	LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L1600023035</u>	Company were filed on Dec. 21, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	2:2
		ライ あ
·	, Florida,	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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ANBR	BRADLEY S. FARSER	210 LAFAYETE	Add
		NEW YORK	Remove
		N.Y. 10012	Change
Anbr	ADAM J. FARBER	7628 N. 77th PL.	Add
		Scottsdale	Remove
		AZ. 85258	Change
<del></del>			Add
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Effective d	late, if other than the da	te of filing: _			(optiona	l) 572	
Note: If the	e date is listed, the date must be e date inserted in this block effective date on the Depa	does not meet	the applicable st				
	specifies a delayed e h day after the record		, but not an	effective time,	at 12:01 a.m	. on the earlier	of:
Dated	1/31/2007		·				
		1/1	L.				
		/	/ W				
_	Sig	gnature of a memb	per or authorized i	epresentative of a m	ember		

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Filing Fee: \$25.00