## 417000035156

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(Cit	y/State/Zip/Phon	e #1)
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PICK-UP	☐ WAIT	MAIL
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N. HARAS

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
	espondence concerning this matter		
	JUAN URBINA		
		Name of Person	
	BRN AUTO SALES,LLC		
	<del></del>	Firm/Company	
	9112 LIMETREE LANE		
		Address	***************************************
	PEMBROKE PINES, FL	33024	
		City/State and Zip Code	······
	JRMONEYSOLUTIONS@	GMAIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	all:	
JUAN URBINA		305 753-7393 at ()	
Nar	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$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)
	AILING ADDRESS: gistration Section	STREET/COURI Registration Section	
Div	rision of Corporations	Division of Corpor	
	). Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRN AUTO SALES, LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000035156	were filed on FEB 14TH, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.0, <b>23</b>
(Principal office address MUST BE A STREET ADDRESS)		TANA DE ZO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
MGR	LESLIE VARGAS	9112 LIMETREE LANE	Add
		PEMBROKE PINES. FL 33024	■ Remove
			☐ Change
·		•	□ Add
			☐ Remove
			Change
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			□ Remove
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(ote: If the date inserted in this becoment's effective date on the I	st be specific and cannot be prior to date of filing or more thock does not meet the applicable statutory filing records.  Department of State's records.  Department of State, but not an effective time	quirements, this date will not be listed a
ated JULY 11TH	2017	
	zyanul	<b>2017</b> Sei Tall
	-Signature of a member or authorized representative of a	member >#
PATRICE PL BENJA	MIN	20 ASSF ASSF
	Typed or printed name of signee	2) 3
		30 <b>=</b> :
	Page 3 of 3	

Filing Fee: \$25.00