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(Requestor's Name)
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(Document Number)
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### **COVER LETTER**

	JOL FAINE			
SUBJECT:			ited Liability Company	·
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Leandro Isler		
			Name of Person	<del></del>
		2020 Lumbordo Ct	Firm/Company	
		3820 Lombardy St	Address	
		Hollywood		
		brcoffeeclubllc@gmail.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please ca	all:	
Leandro	ndro 754 201-0043 at (			
Name of Person		Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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** 

TO:

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

JOL FAINBERG 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  $\frac{12/12/2017}{2}$ and assigned Florida document number  $\frac{L17000253881}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BR COFFEE CLUB LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3820 Lombardy St Enter new principal offices address, if applicable: Holllywood/FL (Principal office address MUST BE A STREET ADDRESS) 33021 3820 Lombardy St Enter new mailing address, if applicable: Hollywood/FL (Mailing address MAY BE A POST OFFICE BOX) 33021 B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amunding Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	JOAO FAINBERG	3820 Lombardy St	
WIDK			
		Hollywood/FL	
			■ Remove
		33021	
			Change
MBR	VICTORIA FAINBERG	3820 Lombardy St	
		Hollywood/FL	
			Remove
		33021	
			☐ Change
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Effective date, if other than the d (If an effective date is listed, the date must I Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicat	o date of filing or more than ole statutory filing require	( <b>optional</b> ) 90 days after filing.) Pursuant to ements, this date will not be	o 605.0207 (. Flisted as th
he record specifies a delayed The 90th day after the reco	effective date, but noted is filed.	an effective time, a	t 12:01 a.m. on the e	arlier of:
Dated 8th of August	2019			
	A MAS	_		
<u></u>	ignature of a member or authori	ized representative of a mer	nber	_
LEANDRO ISLER				
	Typed or printed	name of signee		_

Filing Fee: \$25.00

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