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COVER LETTER

TO:	Registration Se Division of Cor			,
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SUBJ	ECT:	BRUMEN, UC		
		Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brug	Name of Person	
		Bey	ANT & ASSOCIATES, P. Firm/Company	<u> </u>
		6 71	NW 11977 St., SWIF	205
			City/State and Zip Code	
				Land and I
			THE BRISH CUMULANTS to be used for future annual report not	
For fu	rther information o	concerning this matter, please ca	all:	
	Beu	M Cumunitary	at (154) 802-7	ากบ
	Name o	f Person	Arc≱ Còde Daytin	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$2	25.00 Filing 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 Copy (additional copy is enclosed)
	Mailing Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 632		The Centre of	-
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brunen, UL	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigne
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	~
Enter new principal offices address, if applicable:	847 NW 49TH ST \$ 5
(Principal office address MUST BE A STREET ADDRESS)	8WIE 245-E 5
	Migny FL W 33 lus ==
	≥• ጠ
Enter new mailing address, if applicable:	847 NW 4974 St. =
(Mailing address MAY BE A POST OFFICE BOX)	QUITE 205-6 W
muning dan tis 1911 De 11 Ober Or I I I I	MIAM FL US 33/LES
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new r
agent and/or the new registered office address here:	
Y CN D Carry A North	SHALL & ARGUSTES, P.4.
Name of New Registered Agent: 1.	JW 119TH 8T., Shute 205,
New Registered Office Address:	Enter Florida street address
	Miany Florida 33148
The state of the s	City
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docum
company has occurrenged in mining of this comme	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Address Type of A Title Name BURNARD BREYANT MIAM FL 3311ef US Remov ____ Change AMBR SEBARTIAN MENLEPET 847 NW 119TH STREET, MIAMI, PL 3316/AUG NEW APORESS-D DREM AT NW 11974 Meter, Muyun fr 3311015 Add DANUEL MENESET AMBK NEW ADDRESS -> Chang □Remov Change _ □Add □Remov Change

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person ben

or removed from our records:

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	KENLOWE BERNARD BRYANT AS MOK. CHANTIE ADDRESS FOR
	SERGETHAN MEMBER AND DANIEL MEMBERET. CHANGE REGISTORIES
	KERUSUK BERLIARD BRYANT AS MAK. CHANTIE ADDRESS FOR SEBARTIVAN MENURES AND DANUEL MENUEPES. CHANDUB REGISTORIES ASSENT BRYANT & ARGULATES, P.4.
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	<u> </u>
Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis
docur	nent's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
rd is f	iled.
	Votorier 8
Dated	VOIDHUR 8 - 1800
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00