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COVER LETTER

	egistration Sectivision of Corpo			
	BR Capital II	c		
SUBJECT	:	Name of Lim	ited Liability Company	····
The enclos	ed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspon	lence concerning this matter	to the following:	
		Bradley	L. Resnick	
			Firm/Company	<u> </u>
		. 0 . 0		•
		103 SW 3	Address Address City/State and Zip Code	
			Address	
		Boca Ra	ton FL 33L	132
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information cor	ncerning this matter, please co	•	,
			at (561) 302 - Area Code Daytime	5333
			,	
Enclosed i	s a check for the	following amount:		•
\$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR CAPITAL LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L2000</u> 175362	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liability	company here:
MMBLR Services Ilc	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
 ,	, Florida

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 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
			□Add
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			□Add
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Note: If	e date, if other the dive date is listed, the f the date inserted in at's effective date of	n this block does n	ot meet the applica	o date of filing or me ble statutory filing	ore than 90 days after fig requirements, this o	al) ling.) Pursuant to 605.0 late will not be listed)207 d as
d is filed	d.			ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after	the
ated	July	7	/ 5				
		Signature	of a member or author	uzed representative	oi a member		
	Bradley Resnick						

Filing Fee: \$25.00