

M1700000 3341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

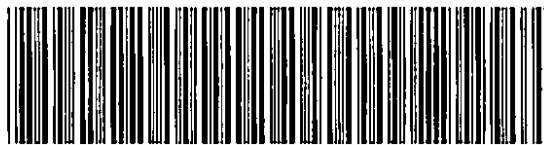
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**NELSON SLOSBERGAS, P.A.**

1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FLORIDA 33131  
E-MAIL ADDRESS [nelson@miami-intl-law.com](mailto:nelson@miami-intl-law.com)  
WEB PAGE [www.miami-intl-law.com](http://www.miami-intl-law.com)

NELSON SLOSBERGAS  
ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030  
FAX (305) 374-2855

February 28, 2019

**Registration Section**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA Federal Express**

**RE: DURAFACE USA LLC - M17000003341**

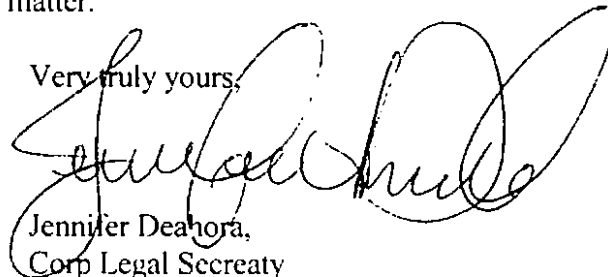
Dear Sir or Madam,

Enclosed please find the Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for the Company reference above, together with our check in the amount of \$25.00 representing the filing fee.

I kindly ask that you proceed with filing of the same. Once filed, please return the confirmation to our office, in the pre-paid Federal Express envelope enclosed.

Thank you for your attention to this matter.

Very truly yours,



Jennifer Deahora,  
Corp Legal Secreaty

[Direct E-Mail: [jenny@miami-intl-law.com](mailto:jenny@miami-intl-law.com)]

Enclosures (as noted)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DURAFACE USA LLC

Enter new principal office 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)

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2. The Florida document number of this limited liability company is: M17000003341

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04-19-2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: BROTHERS BUSINESS CONSULTING AND DISTRIBUTION LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Burne Zangrando  
Signature of the authorized representative

Burne Zangrando  
Typed or printed name of signee