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Division of Corporations

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From:

Account Name : TAXLEAF.COM INC

Account Number : 120140000084

Phone Fax Number : (305)541-3980

: (888)772-8108

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#### COVER LETTER

TO:	Registration Section
	Division of Corporations

,, BRAZIL KIDS HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOSES NAE

Name of Person

**ACCOUNTANT & MANAGEMENT INC** 

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSES NAE

,,305,541-3980

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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)

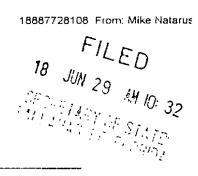
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BRAZIL	KIDS	HOL	DINGS	1	
DIVACIL	$\alpha \cup \sigma$	1100	LUIII O	_	-

 Liability Company as it now appears	
Florida Limited Liability Company)	

The Articles of Organization for this Limited Li Florida document number <u>L11000040853</u>		were filed on / " "	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	:	
The new name must be distinguishable and end with the	words "Limited Liah	ility Company," the de-	ignation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1549 NE 123	RD STREET	
(Principal office address MUST BE A STREE	T ADDRESS)	NORTH MIAN	1I, FL 33161	
			3-1-15. In call to with the total or the second control of the sec	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1549 NE 123	RD STREET	
		NORTH MIAMI, FL 33161		
B. If amending the registered agent and	or registered a	ffice address on o	ur records, enter the name of the new	
registered agent and/or the new registered of	Tice address her	<u>e</u> :		
Name of New Registered Agent:	ACCOUNT	ANT & MANAG	EMENT, INC.	
New Registered Office Address:	1549 NE 12	23RD STREET		
Townseled Strike Manage.	Emer Florida street address			
	NORTH MIAMI		, Florida 33161	
		City	Zip Code	
New Registered Agent's Signature, If changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaction of my position as register.	er and complete stered agent as j	performance of m provided for þýChe	duties, and I am familiar with and	
company has been notified in writing of this				

Page 1 of 3

MGRM

MGR = Manager

AMBR = Authorized Member

### H18000192470 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title <u>Name</u> Address Type of Action 1549 NE 123RD STREET MGRM **GUSTAVO ABRAHAO COSTA** NORTH MIAMI, FL 33161 DRemove 1549 NE 123RD STREET READ MGRM VALENTINA CONTER COSTA NORTH MIAMI, FL 33161 MGRM MARINA CONTER COSTA NORTH MIAMI, FL 33161 4372 MIDDLEBROOK ROAD Add JULIA R COSTA MGRM ORLANDO, FL 32811

		NORTH MIAMI, FL 33161
******	****************	D Add
	•	□ Remove

JULIA CONTER RIBEIRO COSTA

1549 NE 123RD STREET NA Add

## H18000192470 3

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>-</del>	***************************************
_	***************************************
_	***************************************
_	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(The effi	ive date, if other than the date of filing:  ***********************************
Dated	JUNE, 27TH 2018
	Julia Conter Pheno
	Signature of a member or authorized representative of a member
	JULIA RICOSTA
	Typed or printed name of signee

18 JUN 29 AM ID: 3

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