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TO:	Registration So Division of Cor		
eum in		Z SERVICES GROUP LLC	
SUBJE	√I; <u> </u>	Name of Limited Liability Company	
The enc	losed Articles of	of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	pondence concerning this matter to the following:	
		FABIANA DE BARROS	
		Name of Person LEGIT CONSULTING SERVICES, LLC	
		6200 METROWEST BLVD 201D	
		Address	
		ORLANDO, FL 32835	
		City/State and Zip Code INFO@LEGITCS.COM	
		E-mail address: (to be used for future annual report notification)	
For furt	ner information of	concerning this matter, please call:	
FABIA	NA DE BARRO	OS 407 285 2290	
	Name (e of Person Area Code Daytime Telephone Number	
Enclose	d is a check for t	the following amount:	
■ \$ 25	.00 Filing Fee	(additional copy is enclosed) Certified (of Status &

MAILING ADDRESS:

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

	BIARRITZ SERVICES GF	ROUP LLC		
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited I Florida document number L16000207284	Liability Company were fil	ed on 11/10/2016	and assi	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the abl	breviation "L.L	C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		18 AU	SECK
			628	OF CO
Enter new mailing address, if applicable:				_ <u>33</u> 2
(Mailing address MAY BE A POST OFFICE	<u> </u>			R.A.10
B. If amending the registered agent and registered agent and/or the new registered of		dress on our records, <u>enter</u>	the name o	of the ne
Name of New Registered Agent:	LEGIT CONSULTING	SERVICES, LLC		
New Registered Office Address:	6200 METROWEST B	BLVD 201 D		
New Registered Office Address.		Enter Florida street address		
	ORLANDO	, Florida ³²⁸	835	
	City	1	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.

FABIANA DE BARROS
If Changing Registered Agent, Signature of New Registered Agent

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
			☐ Remove
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
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	AUGUST 2.3 Maturicio Rocha Pinto (Aug 23, 20) Sign	, <u>_20</u>	<u> 118</u> .				
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Filing Fee: \$25.00