

L21000118709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

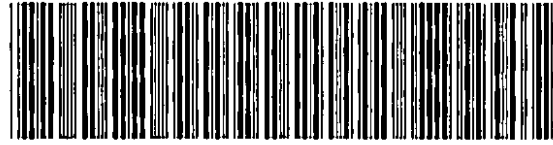
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# COVER LETTER

**D: Registration Section  
Division of Corporations**

**SUBJECT:** D6 CHRISTIAN BROTHERS 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:

KAROLINA TORRES  
Name of Person

KTORRES SERVICES CORP  
Firm/Company

201 SE 15TH TER STE 211  
Address

DEERFIELD BEACH FL 33441  
City/State and Zip Code

KTORRES@KTORRESSERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAROL TORRES at ( 954 ) 380-0755  
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 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**

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D6 CHRISTIAN BROTHERS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/12/2021 and assigned Florida document number L21000118709.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7939 CORKFIELD AVE  
*(Principal office address MUST BE A STREET ADDRESS)* ORLANDO FL 32832

Enter new mailing address, if applicable: 7939 CORKFIELD AVE  
*(Mailing address MAY BE A POST OFFICE BOX)* ORLANDO FL 32832

**B. If amending the registered agent and/or registered office 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: KTORRES SERVICES CORP  
New Registered Office Address: 201 SE 15TH TER STE 211  
*Enter Florida street address*  
DEERFIELD BEACH Florida 33441  
*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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCOS AUGUSTO LENZA	10251 HIGHLINE CREST ST	<input type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANO LEAL	7939 CORKFIELD AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGIO CAMILO DE CASTRO SILVA	12616 FOLKLORE LN	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SC INTERNATIONAL INVESTMENTS CORP		<input checked="" type="checkbox"/> Add
		12616 FOLKLORE LN	<input type="checkbox"/> Remove
		ORLANDO FL 32832	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Lined area for amending information.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.

Dated OCTOBER 1, 2021

Handwritten signature of Adriano Leal

Signature of a member or authorized representative of a member

ADRIANO LEAL FOR BETHEL INTERNATIONAL INVESTMENTS LLC

Typed or printed name of signee