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(Requestor's Name)
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	Registration Se Division of Cor			
CHID IE	TIPES.	TO SERVICE, LLC.		
SUBJEC	-1; <u> </u>		ited Liability Company	
		Amendment and fee(s) are sub	_	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		EDUARDO BARRETO		
		·	Name of Person	······································
		E.BARRETO SERVICE, I	LC.	
			Firm/Company	·····
		4616 NW 107 AVENUE A	APT.21-11	
		_	Address	
		MIAMI,FLORIDA,33178		
			City/State and Zip Code	
		EDUBARRETOP@gmail.c		
E Grade	on information o		to be used for future annual report no	otification)
		concerning this matter, please co		
EDUAR	DO BARRETO		305 3391521 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fce & 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	Street Address: Registration S	
	Division of C P.O. Box 632		Division of Countries of Countr	•
	Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E.BARRETO SERVICE, LLC.

2022 HAY 26 PM 6: 05

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on iability Company)	our records.)	AY UN STATE HASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000103836</u>	were filed on FEB 28		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the	he 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)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our recor	ds, <u>enter the</u>	name of the new registered
New Registered Office Address:			
	Enter Florida si	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrous provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and I	am familiar with and

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>	Name	Address	Type of Action
AMBR	GERARDO BARRETO	4616 NW 107 AVENUE APT.21-11,MIAMI,FL,33	178 ≣Add
			Remove
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effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the D	st be specific and cannot be plock does not meet the ap	plicable statutory fil	more than 90 days after	filing.) Pursuant to 605.02
cord specifies a delayed effective filed.	ve date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after th
	2022	/)	\cap	
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Typed or printed name of signee