

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTADOR SUNNIVISLES.COM INC  
Account Number : I20200000118  
Phone : (305)260-6962  
Fax Number : (786)513-7810

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 OCT 12 AM 8:00

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRAZIL KIDS HOLDINGS LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 13 2020

**H20000354712 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

BRAZIL KIDS HOLDINGS 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 04/05/2011 and assigned  
 Florida document number LI1000040853.

This amendment is submitted to amend the following:

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

ATRIA CONSULTANTS, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15805 BISCAYNE BLVD STE 201

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15805 BISCAYNE BLVD STE 201

NORTH MIAMI BEACH, FL 33160

**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:

CSI RA LLC

New Registered Office Address:

15805 BISCAYNE BLVD STE 201

Enter Florida street address

NORTH MIAMI BEACH


Florida 33160

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

**H20000354712 3**

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H20000354712 3

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CONTER RIBEIRO COSTA, JULIA	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	ABRAHAO COSTA, GUSTAVO	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	CONTER COSTA, VALENTINA	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	CONTER COSTA, MARINA	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	COSTA, JULIA	1549 NE 123 ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000354712 3

H20000354712 3

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

N/A

**E. 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.

If 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 record is filed.

Dated SEPTEMBER 15TH, 2020

Signature of a member or authorized representative of a member

GUSTAVO ABRAHAO COSTA

Typed or printed name of signee

H20000354712 3