L110000044596

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J. BRYAN

JUN 1 9 2012

EXAMINER

COVER LETTER

TO:

TO:	Registration Division of C			
SUBJE	ECT:	BRAZIL LOGISTIC	S OPPORTUNITIES	S, LLC
		Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing	
		pondence concerning this matte	-	
			Rafael Mendible Name of Person	
			Name of Person	
			Bringabout Inc	
			Firm/Company	TALL SE T
		620	5 Blue Lagoon Dr Ste 13	30
		-	Address	
			Miami, FL 33126	TALLANASSEE, FLORIE
		City/State and Zip Code		
			info@bringabout.us	
		E-mail address:	(to be used for future annual report	t notification)
For fur	rther information	n concerning this matter, please	call:	
	R	afael Mendible	at (305)	655-1589
	Name	e of Person		aytime Telephone Number
Enclos	sed is a check for	r the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	Registration S Division of C Clifton Buildi	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPAZIL LOGISTICS OPPORTUNITIES LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea		
The Articles of Organization for this Limited Liability Company we Florida document numberL11000044596	vere filed on	04/12/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	any," the designation "L	LC" or the abbreviati
Enter new principal offices address, if applicable:	**************************************		
(Principal office address MUST BE A STREET ADDRESS)		I A	2017
		11 12 12 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
Enter new mailing address, if applicable:		čá	18
(Mailing address MAY BE A POST OFFICE BOX)		-d	
		Ş	
			<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on	our records, <u>enter t</u> l	he name of the ne
Name of New Registered Agent:		······································	
New Registered Office Address:			
	Er	nter Florida street addi	ress
		, Florida	
	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 608, 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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Dewar, Diego R	6205 Blue Lagoon Drive Suite 130 Miami, FL 33125 US	Add Remove
			Add Remove
	- 		Add Remove
		To Control of the Con	Add Remove
		S. S	And And Remove
		· · · · · · · · · · · · · · · · · · ·	Add TRemove
D. If amendi	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			
Dated	RIS	r or authorized representative of a member	
-	Rata	el Tul bu d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00