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COVER LETTER

	IN AMERICAN IP LLC							
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.						
Please return all corres	pondence concerning this matter	to the following:						
	ALVARO R. BONILLA							
		Name of Person						
	BR LATIN AMERICAN	IP LLC						
	 -	Firm/Company						
	382 NE 191st ST #69949	382 NE 191st ST #69949						
		Address	·					
	Miami, FL 33179							
	·	City/State and Zip Code						
	support@mbtaxconsultants							
	E-mail address: (to be used for future annual report notif	ication)					
For further information	n concerning this matter, please c	all:						
ALVARO R. BONIL	LA	888 250-8960 at ()						
Nam	e of Person		: Telephone Number					
Enclosed is a check fo	r 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

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

BR LATIN AMERICAN IP LLC	
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	
Florida document number L11000070593	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited b	liability company here:
The new name must be distinguishable and contain the words "Limited L	nability 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	
	FE S TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the
registered agent and/or the new registered office address l	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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

If amending Authorized Person(3) 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
AMBR	Pentum IP Corp	Corner Hutson & Eyre Street Blake Building, Suite 302 Belize City, Belize	≅ Add
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			05/29/2019	9		(optional)		
Effective date, if of (If an effective date is lis	ad the date must be	specific and	eannot be prio	r to date of fili	ig or more than 9	0 days after filing.)	Pursuan	t to 605.0
Note: If the date ins document's effective	erted in this block	does not me	ect the appli	cable statutor	y filing require	ments, this date	viii noi	ne nstet
the record specific	es a delayed e	ffective da	ate, but n	ot an eifec	tive time, at	12:01 a.m.	on the	earlie
) The 90th day a	fter the record	d is filed.						
MAY 29			2019					
Dated MA 1 29		•		·				
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Filing Fee: \$25.00