## 2/2000/1563/

	(Requestor's Name)
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<del></del> :	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
<del>VI i i i a ci i a ca a ca a ca a ca a ca </del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. LUNT
	DEC -4 2012



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Office Use Only

**EXAMINER** 

## COVER\_LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		NTAL OFFICE, LLC.				
•	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	MARCOS REZENDE					
	Name of Person					
	CSG- CAPITAL SERVICES GROUP INC					
	Firm/Company				72	
	446 W HILLSBORO BLVD			212		
	Address					**
	Address					ì
	City/State and Zip Code					į
	MARCOS@THEWAYGROUP.BIZ  E-mail address: (to be used for future annual report notification)					ţ
	E-mail address: (1	to be used for future annual report notifica	tion)		ALL CLD	
For further information of	concerning this matter, please c	all:		<i>y-</i>		
MADO	COS REZENDE	. 054	27-4770			
		at ( 934 ) 4.  Area Code & Daytime 1				
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate  Certificate  Certified  (additional	e of Stati Copy		1)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIE Registration Section Division of Corporat Clifton Building				
Tallahassee, FL 32314		2661 Executive Cent	er Circle			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NR BRITO DENTA  (Name of the Limited Liability Compa) (A Florida Limited L	AL OFFICE, LLC.  ny as it now appears on our records.	<u> </u>					
The Articles of Organization for this Limited Liability Company  Florida document numberL12000115631							
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 end with the words "Limi"L.L.C."	ited Liability Company," the designation	7 B					
Enter new principal offices address, if applicable:	44 NE 2ND AVE	77.					
(Principal office address MUST BE A STREET ADDRESS)		တို့ကို မိ					
	DEERFIELD BEACH, FL 3	33441, 71 🔀					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	44 NE 2ND AVE	(2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4					
	DEERFIELD BEACH, FL 33441						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new					
New Registered Office Address:							
	Enter Florida street address						
	, Florida						
	City	Zip Code					
Now Pagistared Agent's Signature if changing Pagistared Agent:							

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 **Type of Action Address Name** <u>Title</u> MGR NILSON R BRITO 241 W CAMINO REAL ☐ Add ✓ Remove **BOCA RATON, FL 33432 NILSON R BRITO** MGRM 335 SW 35TH AVE ✓ Add Remove DEERFIELD BEACH, FL 33442 MGRM SANDRA SEIXAS TRINTA 335 SW 35TH AVE **✓** Add Remove DEERFIELD BEACH, FL 33442 ∏Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 27TH** 2012 Dated Signature of a member or authorized representative of a member NILSON R BRITO - MGRM

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00