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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Barro's Fan	nily, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ondence concerning this matter	to the following:	
		Lauren Kurtz, Esq.		
			Name of Person	
		Bilzin Sumberg		
			Firm/Company	
		1450 Brickell Avenue, 23r	rd Floor	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ort notification)
For further	information c	oncerning this matter, please c	all:	
Amanda F	inley		305 350-2	435
	Name o	f Person	at ()	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Addr Registration	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.	P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION FILED **OF**

MAY 25 JH 19 JU

Barro's Family, LLC (Name of the Limited Liability Company as it now appears on the HEATARDY OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, F1

The Articles of Organization for this Limited Liability Company	were filed on June 13, 2	and assigned	
Florida document number L13000085859			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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:			
New Registered Office Address:			
Enter Florida stree		t address	
	, Florida		
	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete			
provisions of all statutes retailve to the proper and complete			

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(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
MGRM	Maria Da Penha De Castro Barros	18410 Northeast 27th Court, Unit 120	□Add
		Aventura, FL 33180	■Remove
			□Change
AMBR	Antonio Carlos de Moraes Barros	18410 Northeast 27th Court, Unit 120	= Add
		Aventura, FL 33180	□Remove
			□Change
MGR	Mariana Barros Peres	1165 101st Street	
		Bay Harbor Islands, FL 33154	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Changa

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	e date, if other than the date of filing:
the record cord is file	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
Dated _	05/23 , 2022.
	Signature of a member or authorized representative of a member
	/

Filing Fee: \$25.00